

VOLUME 4
OASIS CHRONICLE AND RECOMMENDATIONS

in the report series entitled
OASIS and Outcome-Based Quality Improvement in Home Health Care:
Research and Demonstration Findings, Policy Implications,
and Considerations for Future Change

for three interrelated studies:

The National Medicare Quality Assurance and Improvement Demonstration
The New York State Outcome-Based Quality Improvement Demonstration
A Project to Assist Home Care Providers to Effectively Use Patient Outcomes

by

David F. Hittle, PhD
Kathryn S. Crisler, MS, RN
James M. Beaudry, BA
Karin S. Conway, MBA, RN
Peter W. Shaughnessy, PhD

with

Lecia R. West, MA
Angela A. Richard, MS, RN

Center for Health Services Research
University of Colorado Health Sciences Center
Denver, Colorado

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SYNOPSIS AND RATIONALE FOR THE FOUR-VOLUME REPORT

The volumes in the report on
OASIS and Outcome-Based Quality Improvement in Home Health Care:
Research and Demonstration Findings, Policy Implications,
and Considerations for Future Change
are entitled

- Volume 1: Policy and Program Overview**
- Volume 2: Research and Technical Overview**
- Volume 3: Research and Clinical Supporting Documentation**
- Volume 4: OASIS Chronicle and Recommendations**

This report series documents findings and conclusions resulting from two large-scale demonstration projects to assess the value of a continuous quality improvement (CQI) methodology to measure and improve outcomes of home health care. A third project to assist nondemonstration agencies interested in the CQI methodology supported information dissemination and refinements to the approach during and after the latter stages of the demonstrations. The methodology, termed outcome-based quality improvement (OBQI), was designed primarily to benefit both Medicare and non-Medicare patients who receive home health care. OBQI relies on accurate and uniform information on the health status of patients collected at regular time intervals to measure the outcomes of care provided. Outcome measures are adjusted for factors that may differentially predispose patients to attaining or not attaining specific outcomes. The second objective of OBQI is to assist home care providers to evaluate and improve their own performance. Reports generated through OBQI allow providers to understand and use patient outcomes as performance indicators, changing care behaviors to enhance patient outcomes when appropriate.

In the interest of readability, the four-volume report proceeds from general to progressively more technical and clinical topics. This necessitates a certain amount of redundancy among the volumes, particularly the first two (portions of Volume 1 are excerpted from or closely paraphrase material in Volume 2). A summary of selected topics from Volume 1 stands apart from the four-volume set. It highlights major points and conclusions but provides only exceptionally terse discussion of the rationale for the main conclusions and recommendations. The first volume is a relatively brief document intended for a wide audience of individuals interested in (1) how to evaluate the adequacy of home health care for Medicare beneficiaries under a payment climate that has powerful incentives to underprovide services needed by patients, and (2) how to improve the quality of care in areas for which patient outcomes are poor and should be improved. An overview of the success that is attainable through OBQI to enhance patient outcomes is provided in this document.

Volume 1 is framed in the context of issues and events that led to the present-day environment for home health care. It is this environment and its likely future that the programs at the Centers for Medicare & Medicaid Services (CMS)¹ must address on behalf of Medicare and Medicaid recipients. The recommendations presented in this volume are based on a 15-year research and development effort. They are focused on ways to guide the continued evolution of the Outcome and Assessment Information Set (OASIS) and, most importantly, the quality monitoring, quality improvement, payment, certification, and program integrity applications that rely on OASIS. These recommendations are intended to strike the appropriate balance between CMS's primary responsibility to beneficiaries and its secondary responsibilities to other governmental agencies, providers, payers, commercial interests, and voluntary accreditation programs.

¹ The Health Care Financing Administration (HCFA) changed its name to Centers for Medicare & Medicaid Services in June 2001. Both names (and acronyms) are used in this report depending on context and dates.

Volume 2 also is reasonably brief and highlights the research approach and technical findings from the OBQI demonstration trials. Written for a more technical audience, it summarizes the research methodology, experimental approach, and statistical findings from the demonstration. A one-page research abstract is presented that encapsulates the methods, findings, and conclusions. Cross-references to Volume 3 guide the reader to further information on several technical, clinical, statistical, and programmatic topics. Conclusions that derive from the demonstration findings and their relevance to current policy and programmatic considerations are summarized in the final section (these conclusions are discussed in more detail in the final sections of Volume 1).

The third volume consists of supporting documents covering (1) a chronology of research and policy developments that form the backdrop for the results and conclusions of the first two volumes; (2) findings from OASIS reliability studies; (3) an overview of the measurement constructs and issues germane to the research; (4) the OASIS data set with an explanatory prologue; (5) an operations manual for implementing and maintaining OBQI in a home health agency; (6) illustrative agency-level outcome, case mix, and adverse event reports; (7) a summary of the operational components of the demonstration trials; (8) methods used by home health care providers in successfully enhancing patient outcomes; and (9) a bibliography of relevant literature.

Volume 4 contains points of rationale for why certain steps are prerequisite to or inherent in collecting and processing accurate OASIS data in order to measure and improve patient outcomes. An “OASIS Chronicle” constitutes the largest portion of Volume 4. This document provides an item-by-item summary of key attributes and recommendations for every OASIS data item. The attributes provided for each item include its precise wording, the time points at which data are recorded, clarifying or explanatory information, the rationale for the item, uses for the item that pertain to both agency-specific and CMS applications, the developmental and empirical testing history for the item, information on validity and reliability, perceived and real constraints or limitations, other points of information as appropriate, the overall necessity of the item, and a recommendation for retention or change. The OASIS Chronicle and its introductory documentation are intended to form a starting point for the continued evolution and improvement of OASIS and its applications.

PREFACE

The Center for Health Services Research in the Division of Health Care Policy and Research is a multidisciplinary research organization established in 1976 at the University of Colorado Health Sciences Center. The research programs of the Center focus on health policy, clinical issues, health outcomes, quality measurement, quality evaluation and improvement, performance measurement and analysis, case mix assessment and measurement, cost and payment analysis, health care regulation, and research and quantitative methods. Substantively, the primary research undertakings of the Center have been in long-term, geriatric, gerontological, chronic, and managed care in both noninstitutional and institutional provider environments.

This four-volume report was prepared as part of three separate studies: (1) the National Medicare Quality Assurance and Improvement Demonstration, (2) the New York State Outcome-Based Quality Improvement Demonstration, and (3) the Assisting Home Care Providers in Effectively Monitoring and Using Patient Outcomes study, with project or program officers Dr. Armen Thoumaian, Dr. Nancy Barhydt, and Dr. David Colby from three respective funding organizations: the Centers for Medicare & Medicaid Services, the New York State Department of Health, and the Robert Wood Johnson Foundation. The principal investigator for these three studies is Peter W. Shaughnessy, PhD; co-principal investigators on these or other studies that have contributed to the foundation for these reports include Robert E. Schlenker, PhD; Kathryn S. Crisler, MS, RN; David F. Hittle, PhD; Martha C. Powell, PhD; Angela A. Richard, MS, RN; James M. Beaudry, BA; and Andrew M. Kramer, MD. Study and program managers include Karin S. Conway, MBA, RN; Lecia R. West, MA; Rachael E. Bennett, MA; Angela G. Brega, PhD; and Nancy S. Donelan-McCall, PhD.

The findings and conclusions documented in this four-volume report derive from several projects conducted during the past 15 years that provided the research, clinical, and analytic approaches and framework employed in the demonstration trials documented here. This entire program is indebted to over one thousand home health care clinicians and administrators who contributed to all facets of outcome measurement and quality improvement research during this period.

We are grateful to several individuals for assisting with and enabling the OBQI demonstrations and promulgation of information about OBQI. Captain Armen H. Thoumaian, PhD, USPHS, was significantly and substantively involved in the National Demonstration trial and in facilitating ongoing national OBQI applications resulting from the demonstration. The interest and support of Steven Clauser, PhD, MPA throughout the demonstration and later stages of the CMS-sponsored research was integral to maintaining the entire OBQI program. CMS staff members Elizabeth Goldstein, PhD; Tony Hausner, PhD; and Barbara Greenberg, PhD helped guide early research activities that shaped this work. Other staff who were instrumental in guiding OBQI and OASIS applications and analyses at CMS include Helene Fredeking, BA, MEd; John Thomas, BS; Mary Wheeler, MS, RN; Mary Weakland, MS, RN; Tracey Mummert, BS, MT (ASCP); Heidi Gelzer, MSPH, RN; and Mavis Connolly, RN, MSW. Nancy Barhydt, DrPH, at the New York State Department of Health, provided leadership essential to the success of the New York State Demonstration, with assistance from Keith Servis, MA, and Mary Anne Tosh, MS, RN of the New York State Department of Health. Beth Stevens, PhD; Andrea Kabcenell, MPH, RN; Alan Cohen, ScD; and David Colby, PhD from the Robert Wood Johnson Foundation and Karen Pace, MS, RN from the National Association for Home Care assisted on several studies and programs that were part of the OBQI developmental effort.

The National Advisory Committee for the demonstration programs has played a critical role in formulating the foundational research and programmatic applications of OASIS and OBQI. Its members include Nancy Barhydt, DrPH, Director, Division of Home and Community Based Care, State of New York Department of Health; Andrea Kabcenell, MPH, RN, Deputy Director, Pursuing Perfection; A. E. Benjamin, PhD, Professor, Department of Social Welfare, School of Public Policy and Social Research, University of California at Los Angeles; Joan Marren, MEd, MA, RN, Vice President for Clinical Services, Visiting Nurse Service of New York; Barbara McCann, MSW, Vice President, Interim Health Care, Inc.; Peter Boling, MD, Professor of Internal Medicine, Virginia Commonwealth University; Sharon Johnson, MS, RN, Director, Jefferson Homecare Network; Paula Reichel, BSN, RN, CEO Community Health Center; and Randall Brown, PhD, Senior Fellow, Mathematica Policy Research, Inc.

Over 80 faculty and staff at the Center for Health Services Research were involved in the several phases of this research. We particularly wish to acknowledge the efforts of Dee Smyth, Natasha Floersch, Patti DeVore, Laura McLaughlin, Karis May, and Lanee Bounds in all facets of editing, word processing, proof reading, and producing these four volumes. We deeply appreciate the efforts and contributions of all the aforementioned individuals.

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CHAPTER 1

IMPLEMENTATION AND ADMINISTRATION OF OASIS

A. ORIGIN, IMPLEMENTATION, AND REVISION HISTORY OF OASIS

The Outcome and Assessment Information Set (OASIS) is a product of a series of research and demonstration efforts designed to develop a patient-centered system of outcome measures and outcome improvement methods for home health care. As documented in Volume 2, the initial data set was developed with extensive input from home care clinicians, researchers, and others, for the purpose of measuring outcomes of care and controlling for patient risk factors that are predictive of patient outcomes. This data set was modified to include additional items in response to recommendations from a HCFA-convened task force of home care experts who reviewed the data set from the perspective of items judged essential for assessment. The items that had been developed and tested in the national research program, along with those added by the expert panel, became known collectively as OASIS.

OASIS was used operationally in two outcome-based quality improvement (OBQI) demonstration programs beginning in late 1995 and 1996. The initial demonstration experience suggested the need for selected refinements to the initial version of the data set (OASIS-A), eliminating a few items, adding others, and simplifying or clarifying the wording of many items. Despite these changes, the substance of the revised data set (OASIS-B) remained virtually unchanged. The initial version of OASIS mandated for use by Medicare-certified home health providers in the context of comprehensive patient assessment was OASIS-B1 (dated 10/98 to distinguish it from an earlier draft of OASIS-B1). Differences between OASIS-B and OASIS-B1 consisted of minor modifications to clinical record items, additional patient identifiers, and rewording of one demographic item. These modifications were intended to assist HCFA in tracking and managing data, and to make OASIS consistent with federal data collection standards. Additional revisions were made necessary by the implementation of the Medicare Prospective Payment System (PPS) for home health care. This resulted in a new item (M0825) related to therapy need, revision of one item (M0175: Inpatient Discharge), and several additional items for follow-up assessments that had previously been restricted to other time points (M0175: Inpatient Discharge, M0230/240: Home Care Diagnoses, and M0390: Vision). With these revisions, OASIS is now used as the data source for determining case mix adjustment for per-episode payment as well as outcome monitoring for quality improvement. This version of the data set, OASIS-B1 (8/2000), is the one in use today.

When the requirement for a comprehensive assessment incorporating OASIS items and the companion requirement for reporting of OASIS data were adopted as part of the Medicare Conditions of Participation in 1999, several hundred home health agencies already had significant experience with OASIS. However, most of the more than 7000 Medicare-certified home health providers had only a superficial exposure to OASIS and OBQI. CMS-sponsored training programs were held throughout the country, and

training materials (in the form of the *OASIS Implementation Manual*, *OASIS Data Submission Specifications*, and *Home Health Agency System User's Guide*) were made available to home health agencies in both electronic and hard copy form. In addition, CMS produced an assessment training videotape, continues to provide ongoing guidance for home health agencies by posting answers to frequently-asked questions on the CMS Web site, and is currently developing a Web-based OASIS assessment training program. These training efforts have as their goal assisting home health agencies to collect accurate, uniform data in an efficient, cost-effective manner without imposing undue burden on care providers or home health patients. CMS provides home health agencies with free software for encoding OASIS data and maintains a system for electronic submission of OASIS data. Concurrent with OASIS implementation, research was undertaken (and is ongoing) to develop the means for evaluating and monitoring the accuracy of OASIS data, both nationally and for specific home care providers. Results of this and other research will be used to monitor and correct data accuracy problems at individual home health agencies as well as to continue the process of evaluating, testing, and refining OASIS over time.

B. OASIS ADMINISTRATION AND HOME HEALTH ASSESSMENT

OASIS is not a comprehensive assessment instrument; rather it is a collection of standardized data items to be incorporated into a home health assessment. Additional items are needed for a truly comprehensive assessment. For example, OASIS does not include items for assessment of vital signs, breath sounds, or fluid intake, which are typically part of a complete assessment, nor does it include detailed assessment items that would be required for patients with specific medical problems such as diabetes. Although some agencies encode the entire assessment, they are required to encode and transmit to CMS only the OASIS data. At certain time points, a comprehensive assessment is not required, but selected OASIS items must be collected for patient outcome monitoring.

Comprehensive assessment is required at start or resumption of care, at discharge from home health care, and at 60-day intervals in between (or more frequently, if a change in the patient's condition warrants reassessment and a corresponding change in care plan). A much-abridged set of OASIS items is collected for a transfer to inpatient facility or death at home. Therefore, the total volume of OASIS data (and the amount of effort required to collect, encode, and transmit data) for a particular patient depends on that patient's stay while under the care of the home health agency and whether the patient is hospitalized during the home health episode of care. For most home health patients, two assessments are required. The average number of OASIS time points (taking into account long stay patients and others who require several assessments) is 2.6 per patient.

Patient assessment data are collected through a combination of methods that include interaction with patient/family, observation, and measurement. A standard assessment of health status and related factors must involve more than reading to a patient (or caregiver) questions from a form and recording the respondent's choices. Such an approach is not only inefficient and burdensome, but also highly ineffective for the purpose of obtaining an accurate picture of the patient's health status. An experienced clinician who is well

trained in assessment uses a combination of methods. Interaction and interview data must be verified through observation and measurement, while information obtained from observation can also be used to identify factors which require additional interview questions. Assessment skills always have been extremely important in home health care. The introduction of OASIS items into the comprehensive assessment does not require any greater skill than pre-OASIS assessments, but it imposes a more uniform set of standards for assessment than prevailed before OASIS was required.

C. REACTIONS TO OASIS IMPLEMENTATION BY HOME HEALTH PROVIDERS

1. Concerns Raised

Reaction to OASIS has varied widely among home health agencies. As documented in Volumes 1 and 2, before the implementation of the comprehensive assessment and OASIS reporting requirements, agencies participating in OBQI demonstrations had implemented OASIS voluntarily and found it to be a worthwhile investment. Many providers view OASIS as a valuable tool for multiple purposes, such as clinical management, performance evaluation, resource allocation, and contract negotiation with payers. However, a number of particularly vocal providers perceive the comprehensive assessment and OASIS data reporting requirements to be overly burdensome and unnecessary. Such providers have expressed concerns about specific OASIS items and issues related to Medicare regulatory provisions, including the following:

- Assessment timing requirements sometimes do not fit well with planned visit frequency or require reassessment at shorter intervals than some staff believe to be needed for selected patients;
- Some providers view OASIS data collection to be unwarranted for short stay or low utilization patients. Assessment requirements for “significant change in patient condition” and for resumption of care after short stay hospitalizations (between 24 and 72 hours) are viewed as problematic;
- Multiple assessment forms for specific time points at which OASIS data collection is required are perceived by some as confusing and burdensome;
- There is some duplication of effort when similar information is required on multiple forms, such as OASIS, the plan of care (HCFA-485), and billing forms (HCFA-1450 or UB-92);
- Including non-Medicare patients in the comprehensive assessment and OASIS reporting requirements is an issue for providers who view OASIS primarily as a tool for Medicare reimbursement; and
- Payment is perceived to be inadequate to cover the full costs of collecting, encoding, and transmitting OASIS data.

2. Resolutions and Next Steps in Addressing Concerns

Home health providers participating in OBQI demonstrations faced and successfully addressed most of the issues enumerated above. For example, most patients receiving skilled care from Medicare-certified home health agencies are visited with sufficient frequency that, with a reasonable degree of advance planning, it is possible to schedule follow-up assessments to comply with regulatory provisions without disrupting care plans or making extra visits merely for the purpose of assessment. Patients who require skilled services at intervals exceeding 60 days (or at shorter intervals that do not readily add up to 60-day intervals) are relatively rare, and demonstration participants were able to accommodate the prescribed assessment schedule without making a large number of unpaid visits. On the other hand, if home health care providers can document (through analysis of actual utilization data rather than anecdote) that the 60-day assessment schedule is inconsistent with appropriate care patterns for a significant portion of home health care patients, some accommodation may be needed. Any proposed adjustment to the prescribed assessment frequency would need to be based on specific empirical criteria.

The contention that short stay and low utilization home health patients should not require a comprehensive assessment rests on the dual assumptions that (1) it is possible to identify, without first conducting a comprehensive assessments, which patients will require visits for a short period of time or only a few visits, and (2) analysis of outcomes of care for short stay or low utilization patients is not meaningful for monitoring and improving quality of care. Both of these assumptions are questionable. One of the unanticipated advantages of OASIS cited by a number of OBQI demonstration participants was its use in care planning and justifying the level of required services. These agencies indicated that, using OASIS, they were more readily able to document both the need for services (including recommended frequency and duration) and instances when services were not needed. Outcomes of short stay patients are important because the reason for a short duration home health episode often is hospitalization. Without OASIS data collection for short stay patients, valuable indicators of potentially inadequate care would be lost.

Another area where the experience of OBQI demonstration agencies is relevant is the incorporation of OASIS items into assessment forms. Some providers have indicated that the use of different assessment forms for different time points is problematic. However, demonstration agencies found that a limited number of time-point-specific forms was considerably more efficient than adopting a universal form to cover all time points. It is not necessary to have a distinct form for each of the ten unique reasons for assessment, but using two to four different forms rather than a single form (a substantial portion of which would be left blank for some assessment time points) is efficient and, in the experience of demonstration agencies, causes minimal confusion.

While some OASIS items are duplicative of data items required on other forms, including plan of care and billing forms, it is not clear that entirely eliminating such duplication is feasible. OASIS data systems at CMS are distinct from claims processing systems, and both have specific needs that include some common data elements. Home

health providers with integrated information systems can avoid duplicate data entry of selected items by sharing data between applications. It should be clarified that data elements in OASIS that are purely provider, patient, or episode identifiers need not be transcribed by hand from one paper form to another if an alternative means is available to encode the data for transmission.

Including non-Medicare patients in OASIS data collection and OBQI reporting, as indicated in Volume 1, is fundamental to maintaining organization-wide quality improvement processes. Indeed, most demonstration agencies found that not only did it enhance the effectiveness of quality improvement efforts to include all patients, regardless of payer, in outcome analyses, but it was also more convenient and cost-effective to use a single set of assessment forms and protocols for all patients rather than maintaining separate forms and protocols for different patient groups. In addition, it is a matter of principle that CMS and state survey agencies are responsible for monitoring care provided to all patients served by Medicare-certified health care providers, not just Medicare beneficiaries. This is particularly important under PPS, which can create incentives to underserve patients.

The issue of adequate reimbursement for the costs of collecting, encoding, and transmitting OASIS data is one that deserves further consideration and analysis. Estimates of the burden associated with conducting OASIS assessments vary widely depending on the source of the information, as indicated in Supporting Document 2 of Volume 3. Research results presented in that document indicate that demonstration agencies were able to incorporate OASIS assessments into their agencies' routine procedures, without increasing assessment burden. Moreover, these agencies were able to implement OASIS data collection and OBQI and survive financially, even in the face of the reduced payment rates, cost limits, and utilization limits that characterized Medicare's Interim Payment System. Further research regarding actual time spent on assessments by home care clinicians is needed, as well as analysis of variations in assessment time from one provider to another. Analyzing such variations is important, particularly for identifying those agency-level characteristics or practices that are related to unusually high or low assessment time. In addition to assessment time, the costs of encoding and transmitting data should be objectively examined, as indicated in Volume 1. It would be shortsighted not to address these issues precisely and realistically.

D. ORGANIZATION OF OASIS CHRONICLE DOCUMENT

The OASIS Chronicle has been prepared to serve as a reference source for understanding and evaluating OASIS items as well as providing, in a single document, a summary of the multiple uses of OASIS. The remainder of this volume consists of two chapters that serve these purposes. Chapter 2 includes the OASIS Chronicle (Section B), which presents detailed information on every OASIS item (devoting two pages to each item), preceded by a reader's guide (Section A) which assists the reader to interpret the information in the OASIS Chronicle Item-Specific Record. In addition to presenting information on the rationale, current and planned uses, reliability, and validity of each item, specific concerns raised by home health providers regarding individual items are addressed. Recommendations regarding the retention of specific

items in OASIS as well as future evaluation and development activities to improve measurement for specific items are included. Chapter 3 provides much of the same information presented in Chapter 2, but in summary form. It consists of a reader's guide, followed by a table summarizing in a highly compressed manner the information presented in more detail in Chapter 2. These two formats (the detailed approach of the OASIS Chronicle and the overview approach in Chapter 3) are provided so that the reader can analyze the material from either an "in-depth" or a "big picture" perspective, focusing on specific reasons for including OASIS items, or examining the entire data set in a summary manner.

CHAPTER 2

OASIS CHRONICLE

A. READER'S GUIDE TO THE OASIS CHRONICLE

This section provides documentation to assist the reader in understanding and interpreting information in the OASIS Chronicle. The following terms are used uniformly throughout this section:

- The *OASIS Chronicle* is a document (presented in Section B) that summarizes a variety of characteristics of each item in OASIS. Its intent is to describe on an item-by-item basis the background, research activities, technical properties, applications, strengths, limitations, and qualifications that characterize each OASIS item in order to recommend whether the item should be retained, refined, or considered for deletion in future versions of OASIS.
- Within the OASIS Chronicle, each OASIS data item has an *Item-Specific Record* that contains the aforementioned characteristics for the item, concluding with the recommendation to retain or change the item.
- Within each Item-Specific Record in the OASIS Chronicle is a set of attributes, termed *elements*. The first four elements are taken directly from OASIS for any given data item. These four elements are: item category, item number, item name, and time points. They are not numbered in the Item-Specific Record. For purposes of clarity in this documentation only (i.e., Section A of Chapter 2, not in the item-specific forms that appear in the OASIS Chronicle), they are termed Elements A, B, C, and D. The remaining elements that appear in the Item-Specific Record for each OASIS data item are numbered from 1 through 11 and respectively consist of: precise wording of the item; item clarification; rationale for item; item use/application; item research, development, clinical, and testing history; validity; recent reliability, perceived or real constraints/limitations; additional comments; overall necessity of item; and recommendation for retention or change.

The remainder of this section contains an explanation of the information that is provided within each element of the Item-Specific Record for every OASIS data item (appearing in the OASIS Chronicle in Section B).

ELEMENT A. Item Category: OASIS is organized into the 16 categories of items described below. The entry in Element A indicates the category to which the OASIS item under consideration belongs.

1. Clinical Record Items: These consist primarily of home health agency and patient identifiers. Within the agency, these items are used to track assessments and episodes of care for specific individuals, and to enable agency staff to locate clinical records associated with specific OASIS assessments. When OASIS records are submitted to the national repository, these items serve the additional functions of

linking individual assessments to specific home health agencies. They also permit linking OASIS data to claims (and potentially other data sets) for administrative purposes. Very few of these items represent ‘new’ data collection for the home health agency. They are already collected for other administrative purposes, and can be transcribed (or transferred), often electronically, for OASIS data submission.

2. Demographics and Patient History: These items include payment sources, recent inpatient facility stay, changed treatment regimen information, diagnoses, prognosis, and items related to specific aspects of the patient’s clinical history.
3. Living Arrangements: The items in this category summarize the physical environment in which the patient lives and care is delivered.
4. Supportive Assistance: Assistance provided by family, friends, and others is a crucial adjunct to the care provided by home health clinicians. This category of items includes information on whether assistance is available and, if so, the type and frequency of assistance available.
5. Sensory Status: Items in this category pertain to vision, hearing, speech, and pain experienced by the patient.
6. Integumentary Status: Skin lesions and wounds of specific types are included in this category.
7. Respiratory Status: Two items that pertain to shortness of breath and current respiratory treatments comprise this category.
8. Elimination Status: This category includes four items that deal with incontinence of urine or bowel, urinary tract infection, and bowel ostomy.
9. Neuro/Emotional/Behavioral Status: Items in this category reflect the presence and severity of problems related to cognition, anxiety, depression, and behavioral items, as well as psychiatric nursing service provision.
10. Activities of Daily Living (Functional Status): These items reflect selected physical abilities of the patient to perform activities that are needed to function in the home environment.
11. Instrumental Activities of Daily Living (Functional Status): This category of items consists of selected cognitive and physical abilities that facilitate independent patient functioning within the home environment.
12. Management of Medications: Items in this category reflect the patient’s ability to safely manage medications, which is a crucial factor for independent living.
13. Equipment Management: This category is similar to the previous category, but relates to patient (or caregiver) management of equipment needed for treatment.

14. Therapy Need: This is a single item used (for payment purposes only) to project the need for physical or occupational therapy.
15. Emergent Care Utilization: Items in this OASIS category reflect the use of emergent care services and reasons for emergent care. This category is crucial to the use of OASIS data for outcome-based quality monitoring (OBQM).
16. Discharge or Transfer to Inpatient Facility Status: These items help track the patient's status upon discharge from home health care, including whether the discharge is planned or unplanned (due to an urgent or emergent inpatient facility admission).

ELEMENT B. Item No.: This element contains the number for the OASIS item under consideration. Each OASIS item is assigned an identifying number between 0001 and 9999, prefixed by the letter "M." The numbering system reflects the sequence of items within the data set. As items have changed over time, the numbering system has changed somewhat. Generally, when an item is changed in a significant way, it is assigned a new number to avoid confusion with prior versions of the item.

ELEMENT C. Item Name: This is the short descriptive name used in OASIS for the specific item.

ELEMENT D. Time Points: A comprehensive assessment including OASIS must be completed at admission to home health care and upon resumption of care following an inpatient facility stay of 24 hours or more (these time points are referred to as Start or Resumption of Care), at 60-day intervals and whenever a change in the patient's condition warrants reassessment (the Follow-up point), and upon discharge from the home health agency (the Discharge point). Selected OASIS items also are required to be completed and submitted (although a comprehensive assessment is not required) when a patient is admitted to an inpatient facility for 24 hours or more (the Transfer-to-Inpatient-Facility time point). A check mark (✓) corresponding to one or more of these time points indicates the item is required for the specified time point(s).

ELEMENT 1. Precise Wording of Item: This element contains the precise wording of each item as it appears in OASIS. Home health agencies are expected to include all OASIS items in clinical documentation forms using the exact wording reproduced here. Where the wording varies among different assessment time points, these changes are indicated.

ELEMENT 2. Item Clarification: Information provided in this element clarifies the definition of the item and includes, where appropriate, a brief explanation of the information source (e.g., agency administrative records). This element does not present assessment strategies for the clinician to utilize in obtaining the information, as these are found in the *OASIS Implementation Manual* published by CMS.

ELEMENT 3. Rationale for Item: A brief explanation of the primary purpose(s) of and justification for the item is provided in this element.

ELEMENT 4. Item Use/Application: This element describes the specific purposes for which each item has been or can be used by home health agencies, CMS, or others. Nearly all OASIS items are used for one or more of the following applications. Each application has a corresponding check box. An item's particular applications are identified with an "X" or a check mark (✓).

Identifier (for data management/tracking): Patient, episode, and assessment identifiers are needed by the home health agency to accurately associate an electronic OASIS record with a patient's permanent clinical record (or "chart"), readily access OASIS data in the agency's database, and track submission of data to CMS. CMS uses patient identifiers for tracking data submissions, matching assessments from a single episode of care for reporting purposes, and linking to other administrative databases.

HOME HEALTH AGENCY APPLICATIONS: This subsection of Element 4 includes the uses that home health agencies have found for OASIS items, either for treating individual patients, analyzing OASIS data for decision-making, or communicating with other entities.

Assessment: The item is used routinely to characterize the patient's health status or provide other information important for a clinician to consider in determining the care requirements of the patient. Virtually all (non-identifier) OASIS items were recommended by clinicians in the home health industry as crucial to comprehensive patient assessment.

Care planning: The item is recognized by clinicians as necessary for planning the care to be provided by the home health agency, including determining the type, frequency, and duration of services, and documenting the need for services.

Quality improvement/outcome enhancement: The item is used in the computation of at least one outcome measure for the national reporting system or the OBQI demonstration programs, or it is a predictor of patient outcomes and therefore is used in outcome risk adjustment, or it is used by agencies for the process-of-care component of outcome enhancement.

Patient mix/origin/discharge disposition monitoring: The item currently is used in the case mix reports available to home health providers using OASIS national repository data, or it has contributed to reports that are used for this purpose, or it assists in monitoring patient origin or discharge disposition by demonstration agencies and others.

Utilization/cost/resource consumption monitoring: The item is used for case mix adjustment of payment under home health PPS, or it is used by home health agencies either to predict utilization and cost or to stratify patients for monitoring utilization and costs within specific patient groups.

Marketing (e.g., public relations, payer negotiations): Home health agencies may use the item in the context of information on patient outcomes, utilization patterns,

patient mix, discharge disposition, or other characteristics of the agency or patients served in marketing the agency's services within the community or as part of negotiations with insurers, including managed care organizations.

Feedback to other providers (e.g., physicians, discharge planners): Demonstration agencies and others have used the OASIS data item in preparing reports for physicians to monitor individual patient progress toward care goals and analyze other aspects of health status. In addition, the item may be used in aggregated agency-level reports for hospital discharge planners when making decisions concerning post-hospital care.

Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks): All JCAHO-accredited home health providers must use an approved ORYX performance measurement system (PMS) vendor to periodically report performance data to JCAHO. The CHAP program also includes outcome benchmarking. Most of the measurement systems use OASIS data in some way, including outcome measurement and risk adjustment. This application is checked when the item is known to be used for accreditation purposes.

CMS APPLICATIONS: Uses enumerated in this subsection of Element 4 are those that CMS has implemented or planned for providing feedback to home health providers -- as well as those related to payment systems, program integrity, provider certification, and public information dissemination applications.

Outcome measurement for outcome reporting: Items are checked that contribute to the computation of one or more of the outcome measures that appear in the agency-level outcome reports produced using the national OASIS data repository.

Risk factor measurement for outcome reporting: Most OASIS items contribute in some way to risk adjustment of outcomes for home health provider use. An item receives a check for this particular application if it is used in one or more statistical risk adjustment models for outcomes that appear in agency-level outcome reports.

Number of risk adjustment models: This is the number of outcome measures for which the OASIS item under consideration is included as (or used in the computation of) a risk factor. Only risk factors that have a statistically significant relationship to the outcome, and for which the direction and magnitude of the relationship are clinically plausible, are included in each risk adjustment model. The number of risk adjustment models to which an item contributes is an indicator of that item's total importance in the risk adjustment process -- although some items that contribute to only a few risk models can be imperative to risk adjustment for these models.

Adverse event measurement for adverse event report: An item is checked if it contributes to the computation of one or more adverse event outcome measures that appear in the adverse event outcome reports.

Case mix measurement for case mix profiling: An item is checked if it contributes to the computation of one or more measures that appear in the case mix profile reports that are released to home health providers.

Case mix adjustment for prospective payment system: An item is checked if it contributes to the grouping of patient episodes to determine case mix adjustment for prospective payment. A grouping algorithm is used to determine home health resource group (HHRG) assignment based on OASIS data at start of care, at recertification every 60 days for continuing patients, and, under certain circumstances, when a significant change in the patient's condition occurs.

Performance indicator for consumer reporting (planned): Reporting of provider-level performance data for Medicare beneficiaries, their families, and other members of the public is planned for all provider types, including home health agencies. Risk-adjusted outcome rates for a subset of the measures used by providers, possibly including additional outcome measures, are expected to be an important part of reporting for consumers. An item is checked for this use if it currently contributes to outcome measures or risk factors in the context of agency-level reporting and has a reasonable likelihood of contributing to consumer reporting.

Survey & certification use (planned): CMS expects to use both risk-adjusted patient outcomes and adverse event outcomes in the survey process -- as screening mechanisms and to focus on-site survey efforts. OASIS-based case mix reports may also play a role in survey activities. While the precise nature of these activities is not yet fully developed, if this application is checked for an item, it reflects a high likelihood that the item will contribute to outcome-oriented survey activities.

Program integrity (planned): Medicare program integrity activities encompass issues related to payment accuracy, program eligibility, and verification of service provision, among others. Program integrity applications likely will utilize not only those OASIS items directly related to case mix adjustment of payment, but also a variety of items that may corroborate or contradict payment-related items, as well as items related to homebound status, medical necessity, and other eligibility issues. An item is checked for this application if it is expected to have any such uses.

OTHER APPLICATIONS UNDER DEVELOPMENT: Other potential uses for OASIS data are under development. At present, this category includes only uses of OASIS data proposed in a study sponsored by the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE) (Donelson et al., 2001) examining homebound status and medical necessity determination in the context of Medicare payment for home health care services. Other applications may be added in the future.

Homebound status determination: A check for this application indicates the item is included in an algorithm for objectively verifying homebound status developed under the study sponsored by DHHS/ASPE.

Medical necessity determination: Items are checked that are included in an algorithm for evaluating medical necessity of home health services developed under the DHHS/ASPE study.

ELEMENT 5. Item Research, Development, Clinical, and Testing History: All but a few of the data items in the current version of OASIS have undergone considerable conceptual development, testing, refinement, and use for multiple applications in home health settings over a number of years. This section briefly highlights the research and development history of each item, indicating when and how it was used, tested, and refined over time.

ELEMENT 6. Validity: The most important types of validity undertaken in the OASIS research and development process were six in number. Each type of validity has a corresponding check box; a check mark (✓) indicates that the item under consideration underwent the indicated type of validity analysis. The six categories are:

Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement: This indicates whether an item was reviewed by panels of researchers and clinicians and was recommended for measuring patient outcomes relevant to home health care provision and quality measurement, or for risk adjustment of outcome analyses.

Consensus validity by expert clinical panels for patient assessment and care planning: This indicates whether an item was reviewed by a panel of clinical experts and was recommended for inclusion in a core set of data items for patient assessment and care planning -- for example, in addition to research project clinical panels, the Health Standards and Quality Bureau (HSQB) convened a panel consisting of HCFA staff, researchers, clinicians in a variety of disciplines, and home health industry representatives to review and possibly expand the OASIS items needed for assessment.

Criterion or convergent/predictive validity for outcome measurement/risk factor measurement: This type of validity indicates that the item has been tested empirically for use in conjunction with outcome measures or risk factors predictive of patient outcomes and, by virtue of such testing, has been found to be related to other indicators of health status and patient outcomes in a statistically significant and clinically meaningful way.

Convergent/predictive validity: Case mix adjustment for payment: This type of validity indicates that the item has been tested and is now used in the grouping algorithm that, in part, determines the per-episode payment to home health agencies for care provided under the Medicare home health benefit.

Validation by patient assessment and care planning: This type of validity indicates that the item has been used by clinicians for patient assessment and care planning in several hundred home health agencies for several years, and has been reported by practicing clinicians to be effective and useful for these purposes.

Validation by outcome enhancement: This type of validity indicates that home health agencies have used the item (among others) for outcome analyses, process-of-care investigations, or ongoing monitoring for quality improvement -- with demonstrated success in improving patient outcomes.

ELEMENT 7. Recent Reliability: This element has as its first entry an indication of interrater reliability for the OASIS item under consideration. A box is checked indicating that reliability is substantial, moderate, or fair/slight according to interrater reliability as reflected by a weighted kappa (or percent agreement) value. The results indicate that the

<u>Rating Is</u>	<u>If the Weighted Kappa (or % agreement) Is</u>
Substantial	Greater than 0.60
Moderate	Equal to or greater than 0.40 but no greater than 0.60
Fair/Slight	Less than 0.40
Not Evaluated	The item was not tested for reliability

This rating scheme is commonly used in reliability research. (See Hughes & Ash, 1997; Madigan, Tullai-McGuinness, & Fortinsky, 2001; Morris et al., 1997; and Landis & Koch, 1997 for research that uses this rating scheme.)

The ratings are based on a study of OASIS interrater reliability that employed independent assessments by two clinicians within a period of 24 hours. This study was conducted by the University of Colorado Center for Health Services Research (CHSR) and is described in Supporting Document 2 in Volume 3.

Interrater reliability (weighted kappa or percent agreement): For OASIS items that were tested for reliability up to three reliability coefficients (or agreement ratings) are provided in the second component of Element 7. They were obtained from three separate reliability studies. For a discussion of the merits of each study, see Volume 1 of this report and the aforementioned Supporting Document 2. To summarize, the results from Study 1 were used to determine the above rating for each item, since this study was regarded as the most accurate of the two independent assessment reliability studies (the third study below was not an independent assessment interrater reliability study):

Study 1: Independent assessment interrater reliability study conducted by CHSR (see Supporting Document 2 in Volume 3).

Study 2: Independent assessment interrater reliability study conducted by Berg (1999).

Study 3: Concurrent assessment interrater reliability study conducted by Madigan, Tullai-McGuinness, & Fortinsky (2001).

ELEMENT 8. Perceived or Real Constraints/Limitations: This element summarizes both perceived and real problems, limitations, or assessment burdens associated with each item. It includes not only issues that have arisen in research and demonstration projects using these items, but also perceptions articulated by individuals

or groups in the home health industry and other interested parties. In instances where problems or concerns are (largely) perceived rather than actual, a brief explanation is given either of the reason for the perception or how to deal with it.

ELEMENT 9. Additional Comments: This element includes relevant issues or facts that do not fall under any other element.

ELEMENT 10. Overall Necessity of Item: This rating is a synthesis of the overall utility of the item for multiple purposes. It predominantly takes into account information summarized in Element 4 reflecting the level of contribution of an item to applications used by home health agencies, CMS, and other organizations. Necessity is rated according to the following five-level scale:

- Essential:* Item is very important for multiple purposes or is crucial for a single use.
- Highly useful:* Item is important for several purposes.
- Useful:* Item is important for one purpose and used for several others.
- Potentially useful:* Item is used for one or more purposes or, if refined, may be important for several purposes.
- Marginal:* Item is unnecessarily redundant or has no current or programmatic use.

ELEMENT 11. Recommendation for Retention or Change: This recommendation is based on a combination of the information in Elements 3 through 10 above. Retention of OASIS items is generally recommended because most OASIS data are rated as essential or highly useful and have been found to be of value over a period of many years. Essential or highly useful items with questionable reliability are indicated as needing further improvement. Deletion is recommended for items that appear to have no current or planned use, or for which the benefit derived from the information provided is exceeded by the burden of data collection.

B. OASIS CHRONICLE

The Item-Specific Records for all OASIS data items are presented in this section. Thus, the following pages constitute the full OASIS Chronicle, with information presented on the elements defined and described in the preceding section (Section A) for each OASIS item. The order of data items is based on their order of appearance in OASIS.

Item-Specific Record

Item Category: Clinical Record Items

Item No.: M0010	Item Name: Agency Medicare Provider Number	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0010) Agency Medicare Provider Number:

Issues and Recommendations Unique to Selected Identifiers

- This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are:

M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code
M0012 Agency Medicaid Provider Number	M0063 Medicare Number
M0014 Branch State (Optional)	M0064 Social Security Number
M0016 Branch ID Number (Optional)	M0065 Medicaid Number
M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)
M0050 Patient State of Residence	
- Some of these identifiers are essential.
- All of these items are rated as potentially useful in this document.
- The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items.

2. Item Clarification:
 Agency-level identifier; assigned to the home health agency by CMS. The clinician does not need to collect this information as it is known by all agency personnel. The agency needs to make sure number is included in the electronic data submission. Left blank if agency is not a Medicare provider.

3. Rationale for Item:
 For database management; links individual assessment records to a specific home health agency.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0010 Agency Medicare Provider Number (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

1995-2000: Demonstration testing in the National and New York State Demonstrations as an agency identifier only. Item revised to include full provider number after first year of data collection.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

Can change due to ownership, merger, or other administrative changes. Provider number is redundant to some extent for data management purposes because each home health agency is assigned a separate data submission identifier by the State.

9. Additional Comments:

This item is required by CMS on many forms, including 485 and claims.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above. Coordinate future changes with development of universal provider identifier. Clarify that this item is not required on clinical forms but should be included in the electronic record for identification/matching purposes.

Date Recorded: 02 / 01 / 2002

Item Category: Clinical Record Items														
Item No.: M0012	Item Name: Agency Medicaid Provider Number	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge												
<p>1. Precise Wording of Item:</p> <p>(M0012) Agency Medicaid Provider Number: _____</p>														
<p>Issues and Recommendations Unique to Selected Identifiers</p>														
<ul style="list-style-type: none"> • This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are: <table style="width:100%; border: none;"> <tr> <td style="width:50%;">M0010 Agency Medicare Provider Number</td> <td style="width:50%;">M0060 Patient ZIP Code</td> </tr> <tr> <td>M0012 Agency Medicaid Provider Number</td> <td>M0063 Medicare Number</td> </tr> <tr> <td>M0014 Branch State (Optional)</td> <td>M0064 Social Security Number</td> </tr> <tr> <td>M0016 Branch ID Number (Optional)</td> <td>M0065 Medicaid Number</td> </tr> <tr> <td>M0040 Patient Name</td> <td>M0072 Primary Referring Physician ID (UPIN)</td> </tr> <tr> <td>M0050 Patient State of Residence</td> <td></td> </tr> </table> • Some of these identifiers are essential. • All of these items are rated as potentially useful in this document. • The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items. 			M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code	M0012 Agency Medicaid Provider Number	M0063 Medicare Number	M0014 Branch State (Optional)	M0064 Social Security Number	M0016 Branch ID Number (Optional)	M0065 Medicaid Number	M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)	M0050 Patient State of Residence	
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M0016 Branch ID Number (Optional)	M0065 Medicaid Number													
M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)													
M0050 Patient State of Residence														
<p>2. Item Clarification:</p> <p>Agency-level identifier; assigned to home health agency by State. Home health agency should make sure number is included in the data submitted to the State. Left blank if agency is not a Medicaid Provider.</p>														
<p>3. Rationale for Item:</p> <p>For database management; links individual assessments to a specific home health agency. Some States require Medicaid-only home health agencies to meet Medicare Conditions of Participation.</p>														
<p>4. Item Use/Application: <input checked="" type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination 										
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0012****Agency Medicare Provider Number (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

1998: New for national implementation.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

Provider number may change. One Medicare home health agency may have several Medicaid provider numbers. Provider number is redundant to some extent for data management purposes, because each home health agency is assigned a unique data submission identifier by the State.

9. Additional Comments:

Strongly desired by States with large Medicaid home care programs.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

Date Recorded: ___02___ / ___01___ / ___2002___

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Clinical Record Items														
Item No.: M0014	Item Name: Branch State (Optional)	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge												
1. Precise Wording of Item: (M0014) Branch State: ___														
Issues and Recommendations Unique to Selected Identifiers														
<ul style="list-style-type: none"> • This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are: <table style="width:100%; border: none;"> <tr> <td style="width:50%;">M0010 Agency Medicare Provider Number</td> <td style="width:50%;">M0060 Patient ZIP Code</td> </tr> <tr> <td>M0012 Agency Medicaid Provider Number</td> <td>M0063 Medicare Number</td> </tr> <tr> <td>M0014 Branch State (Optional)</td> <td>M0064 Social Security Number</td> </tr> <tr> <td>M0016 Branch ID Number (Optional)</td> <td>M0065 Medicaid Number</td> </tr> <tr> <td>M0040 Patient Name</td> <td>M0072 Primary Referring Physician ID (UPIN)</td> </tr> <tr> <td>M0050 Patient State of Residence</td> <td></td> </tr> </table> • Some of these identifiers are essential. • All of these items are rated as potentially useful in this document. • The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items. 			M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code	M0012 Agency Medicaid Provider Number	M0063 Medicare Number	M0014 Branch State (Optional)	M0064 Social Security Number	M0016 Branch ID Number (Optional)	M0065 Medicaid Number	M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)	M0050 Patient State of Residence	
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M0016 Branch ID Number (Optional)	M0065 Medicaid Number													
M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)													
M0050 Patient State of Residence														
2. Item Clarification: The State where the agency branch office is located. This item is optional, to be used at the discretion of the agency.														
3. Rationale for Item: In combination with M0016, provides agency with ability to track patients by branch. May be used for branch-specific reporting in future.														
4. Item Use/Application: <input checked="" type="checkbox"/> Identifier (for data management/tracking)														
<u>Home Health Agency Applications</u> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 		<u>CMS Applications</u> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting <input type="checkbox"/> Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination 												

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0014 Branch State (Optional) (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

1998: New for national implementation.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

Not applicable.

9. Additional Comments:

None.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

Date Recorded: ___02___ / ___01___ / ___2002___

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Clinical Record Items														
Item No.: M0016	Item Name: Branch ID Number (Optional)	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge												
1. Precise Wording of Item: (M0016) Branch ID: _____														
Issues and Recommendations Unique to Selected Identifiers														
<ul style="list-style-type: none"> • This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are: <table style="width:100%; border: none;"> <tr> <td style="width:50%;">M0010 Agency Medicare Provider Number</td> <td style="width:50%;">M0060 Patient ZIP Code</td> </tr> <tr> <td>M0012 Agency Medicaid Provider Number</td> <td>M0063 Medicare Number</td> </tr> <tr> <td>M0014 Branch State (Optional)</td> <td>M0064 Social Security Number</td> </tr> <tr> <td>M0016 Branch ID Number (Optional)</td> <td>M0065 Medicaid Number</td> </tr> <tr> <td>M0040 Patient Name</td> <td>M0072 Primary Referring Physician ID (UPIN)</td> </tr> <tr> <td>M0050 Patient State of Residence</td> <td></td> </tr> </table> • Some of these identifiers are essential. • All of these items are rated as potentially useful in this document. • The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items. 			M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code	M0012 Agency Medicaid Provider Number	M0063 Medicare Number	M0014 Branch State (Optional)	M0064 Social Security Number	M0016 Branch ID Number (Optional)	M0065 Medicaid Number	M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)	M0050 Patient State of Residence	
M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code													
M0012 Agency Medicaid Provider Number	M0063 Medicare Number													
M0014 Branch State (Optional)	M0064 Social Security Number													
M0016 Branch ID Number (Optional)	M0065 Medicaid Number													
M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)													
M0050 Patient State of Residence														
2. Item Clarification: Branch identification code, as defined by the agency. This item is optional, to be used at the discretion of the agency. Any combination of numeric and/or alphabetic characters may be used for this code. Coding of item is up to the agency, and no standards apply.														
3. Rationale for Item: For tracking individual patients and assessments by branch. May enable branch-specific reporting to home health agencies in the future.														
4. Item Use/Application: <input checked="" type="checkbox"/> Identifier (for data management/tracking)														
<u>Home Health Agency Applications</u>		<u>CMS Applications</u>												
<input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned)												
		<u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination												

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0016 Branch ID Number (Optional) (Cont'd)

5. Item Research, Development, Clinical, and Testing History:
1998: New for national implementation.
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
 Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
 Consensus validity by expert clinical panels for patient assessment and care planning
 Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
 Convergent/predictive validity: case mix adjustment for payment
 Validation by patient assessment and care planning
 Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated
Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:
Lack of uniform coding standards and edits results in data of questionable consistency and accuracy.

9. Additional Comments:
For large agencies, branch-specific reports are desirable.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal

11. Recommendation for Retention or Change:
Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

Date Recorded: 02 / 01 / 2002

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Clinical Record Items

Item No.: M0020	Item Name: Patient ID Number	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0020) Patient ID Number: _____

2. Item Clarification:
 Agency-specific patient identifier. This is the identification code the agency assigns to the patient and uses for record keeping purposes for this episode of care.

3. Rationale for Item:
 Unique identifier to cross-reference the patient and assessment within the home health agency's internal record keeping system. Each agency determines its own approach to format and coding.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0020	Patient ID Number (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Initial consistency testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
May appear redundant, since other patient identifiers are collected. However, this item is extremely useful to home health agencies for retrieving individual patient records for quality/performance improvement activities.	
9. Additional Comments:	
Allows agencies to correctly identify individual patients and care episodes without names. This unique identifier is extremely useful for maintaining correct clinical records. Also required by CMS on 485 (as Medical Record Number).	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain this identifier even if other identifiers are omitted.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Clinical Record Items

Item No.: M0030	Item Name: Start of Care Date	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0030) Start of Care Date: ___ / ___ / ___
 month day year

2. Item Clarification:
 The date that care begins. When the first reimbursable service is delivered, this is the start of care.

3. Rationale for Item:
 Determines start of episode of care as well as beginning of initial payment episode (for matching with payment claim). Used in calculating length of stay and in timing of follow-up assessments.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 41 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE (for OASIS Version B1 8/2000)
 Item-Specific Record

Form No. OC:1-02.02

M0030	Start of Care Date (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
<p>Admission date has been used administratively for as long as home health care has been covered by Medicare. Some clarification to definition of start of care has been added based on demonstration feedback.</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.</p> <p>1988-1989: Field testing of outcome measures.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Initial consistency testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Feasibility/consistency testing.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
This item is also required by CMS on 485 and claim forms.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Essential data element.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0032	Resumption of Care Date (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1996: Item added during National and New York State Demonstrations to allow agency flexibility in decision-making about whether to discharge patient admitted to inpatient facility.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Essential data element for outcome monitoring and useful as a cross-check for payment purposes.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

Item-Specific Record

Item Category: Clinical Record Items

Item No.: M0040	Item Name: Patient Name	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0040) Patient Name:

 (First) _____ (MI) (Last) _____ Suffix)

Issues and Recommendations Unique to Selected Identifiers

- This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are:

M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code
M0012 Agency Medicaid Provider Number	M0063 Medicare Number
M0014 Branch State (Optional)	M0064 Social Security Number
M0016 Branch ID Number (Optional)	M0065 Medicaid Number
M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)
M0050 Patient State of Residence	
- Some of these identifiers are essential.
- All of these items are rated as potentially useful in this document.
- The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items.

2. Item Clarification:
 The full name of the patient: first name, middle initial, last name, and suffix (e.g., Jr., III, etc.).

3. Rationale for Item:
 Identifier; supplements other identifiers and provides home health agency with easy to use cross-reference.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<p><u>CMS Applications</u></p> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0040 Patient Name (Cont'd)

5. Item Research, Development, Clinical, and Testing History:

Routinely used as an identifier to match up assessments. Stripped from analytic files to protect individual privacy.

1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.

1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

None.

9. Additional Comments:

This item is also required by CMS on 485 and claim forms.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal

11. Recommendation for Retention or Change:

Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

Date Recorded: 02 / 01 / 2002

Item-Specific Record

Item Category: Clinical Record Items

Item No.: M0050	Item Name: Patient State of Residence	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0050) Patient State of Residence: __ __

<p>Issues and Recommendations Unique to Selected Identifiers</p> <ul style="list-style-type: none"> This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are: <table style="width: 100%; border: none;"> <tr> <td>M0010 Agency Medicare Provider Number</td> <td>M0060 Patient ZIP Code</td> </tr> <tr> <td>M0012 Agency Medicaid Provider Number</td> <td>M0063 Medicare Number</td> </tr> <tr> <td>M0014 Branch State (Optional)</td> <td>M0064 Social Security Number</td> </tr> <tr> <td>M0016 Branch ID Number (Optional)</td> <td>M0065 Medicaid Number</td> </tr> <tr> <td>M0040 Patient Name</td> <td>M0072 Primary Referring Physician ID (UPIN)</td> </tr> <tr> <td>M0050 Patient State of Residence</td> <td></td> </tr> </table> Some of these identifiers are essential. All of these items are rated as potentially useful in this document. The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items. 	M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code	M0012 Agency Medicaid Provider Number	M0063 Medicare Number	M0014 Branch State (Optional)	M0064 Social Security Number	M0016 Branch ID Number (Optional)	M0065 Medicaid Number	M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)	M0050 Patient State of Residence	
M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code											
M0012 Agency Medicaid Provider Number	M0063 Medicare Number											
M0014 Branch State (Optional)	M0064 Social Security Number											
M0016 Branch ID Number (Optional)	M0065 Medicaid Number											
M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)											
M0050 Patient State of Residence												

2. Item Clarification:
 The State in which the patient is currently residing while receiving home care.

3. Rationale for Item:
 Facilitates tracking of patient case mix and outcomes by State of residence.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting <li style="padding-left: 20px;">Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0050****Patient State of Residence (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

1995-2000: Demonstration testing in the National and New York State Demonstrations.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

None.

9. Additional Comments:

This item is also required by CMS on 485 and claim forms.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

Date Recorded: 02 / 01 / 2002

Item-Specific Record

Item Category: Clinical Record Items

Item No.: M0060	Item Name: Patient ZIP Code	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
---------------------------	---------------------------------------	--	--

1. Precise Wording of Item:
(M0060) Patient Zip Code: _____

Issues and Recommendations Unique to Selected Identifiers

- This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are:

M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code
M0012 Agency Medicaid Provider Number	M0063 Medicare Number
M0014 Branch State (Optional)	M0064 Social Security Number
M0016 Branch ID Number (Optional)	M0065 Medicaid Number
M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)
M0050 Patient State of Residence	
- Some of these identifiers are essential.
- All of these items are rated as potentially useful in this document.
- The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items.

2. Item Clarification:
 The ZIP code for the address at which the patient is currently residing while receiving home care.

3. Rationale for Item:
 Facilitates regional comparisons of patient case mix and outcomes within and between States (as well as rural/urban comparisons).

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting <li style="padding-left: 20px;">Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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M0060	Patient ZIP Code (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1995-2000: Demonstration testing in the National and New York State Demonstrations. 1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input type="checkbox"/> Validation by patient assessment and care planning <input type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability:	
<input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
This item is also required by CMS on 485 and claim forms.	
10. Overall Necessity of Item:	
<input type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input checked="" type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0063	Medicare Number (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.	
1988-1989: Field testing of outcome measures.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Initial consistency testing.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Feasibility/consistency testing.	
1994-1995: Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
This item is also required by CMS on 485 and claim forms.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input checked="" type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Clinical Record Items														
Item No.: M0064	Item Name: Social Security Number	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge												
<p>1. Precise Wording of Item: (M0064) Social Security Number: _____ - _____ - _____ <input type="checkbox"/> UK - Unknown or Not Available</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p align="center">Issues and Recommendations Unique to Selected Identifiers</p> <ul style="list-style-type: none"> • This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are: <table style="width:100%; border: none;"> <tr> <td style="width:50%;">M0010 Agency Medicare Provider Number</td> <td>M0060 Patient ZIP Code</td> </tr> <tr> <td>M0012 Agency Medicaid Provider Number</td> <td>M0063 Medicare Number</td> </tr> <tr> <td>M0014 Branch State (Optional)</td> <td>M0064 Social Security Number</td> </tr> <tr> <td>M0016 Branch ID Number (Optional)</td> <td>M0065 Medicaid Number</td> </tr> <tr> <td>M0040 Patient Name</td> <td>M0072 Primary Referring Physician ID (UPIN)</td> </tr> <tr> <td>M0050 Patient State of Residence</td> <td></td> </tr> </table> • Some of these identifiers are essential. • All of these items are rated as potentially useful in this document. • The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items. </div>			M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code	M0012 Agency Medicaid Provider Number	M0063 Medicare Number	M0014 Branch State (Optional)	M0064 Social Security Number	M0016 Branch ID Number (Optional)	M0065 Medicaid Number	M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)	M0050 Patient State of Residence	
M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code													
M0012 Agency Medicaid Provider Number	M0063 Medicare Number													
M0014 Branch State (Optional)	M0064 Social Security Number													
M0016 Branch ID Number (Optional)	M0065 Medicaid Number													
M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)													
M0050 Patient State of Residence														
<p>2. Item Clarification: Refers to the <u>patient's</u> social security number only. If unknown, do <u>not</u> use social security number of another family member.</p>														
<p>3. Rationale for Item: Facilitates matching of multiple assessments for a single individual and matching to claims when Medicare number is incorrect.</p>														
<p>4. Item Use/Application: <input checked="" type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination</td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<p><u>CMS Applications</u></p> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination										
<p><u>Home Health Agency Applications</u></p> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<p><u>CMS Applications</u></p> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination													

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0064 Social Security Number (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

1998: New for national implementation.

Added to OASIS-B1 to facilitate tracking of assessments for the same person throughout an episode of care.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

None.

9. Additional Comments:

None.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

Date Recorded: 02 / 01 / 2002

Item-Specific Record

Item Category: Clinical Record Items

Item No.: M0065	Item Name: Medicaid Number	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0065) Medicaid Number: _____ **NA – No Medicaid**

Issues and Recommendations Unique to Selected Identifiers

- This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are:

M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code
M0012 Agency Medicaid Provider Number	M0063 Medicare Number
M0014 Branch State (Optional)	M0064 Social Security Number
M0016 Branch ID Number (Optional)	M0065 Medicaid Number
M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)
M0050 Patient State of Residence	
- Some of these identifiers are essential.
- All of these items are rated as potentially useful in this document.
- The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items.

2. Item Clarification:
 The patient's Medicaid number, assigned to the person by the State Medicaid program.

3. Rationale for Item:
 For non-Medicare patients, it provides identifier to facilitate matching assessments for an individual patient. May have future applications for State programs, particularly for dually-eligible patients (i.e., those with both Medicare and Medicaid).

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0065 Medicaid Number (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

1998: New for national implementation.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
 Consensus validity by expert clinical panels for patient assessment and care planning
 Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
 Convergent/predictive validity: case mix adjustment for payment
 Validation by patient assessment and care planning
 Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

None.

9. Additional Comments:

Strongly desired by States with large Medicaid home care programs.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

Date Recorded: 02 / 01 / 2002

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Clinical Record Items		
Item No.: M0066	Item Name: Birth Date	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
1. Precise Wording of Item: (M0066) Birth Date: ___/___/____ month day year		
2. Item Clarification: Birth date of the patient, including month, day, and four digits for the year.		
3. Rationale for Item: Used to calculate age of patient. Also used to resolve matching of assessments for the same patient when other matching criteria are ambiguous. Birth date is routinely collected for clinical and administrative purposes.		
4. Item Use/Application: <input checked="" type="checkbox"/> Identifier (for data management/tracking)		
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 24 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0066	Birth Date (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
Age has routinely been used in clinical research of all kinds, predating the research underpinning the current OASIS.	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.	
1988-1989: Field testing of outcome measures.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Initial consistency testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Feasibility/consistency testing.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.	
1994-1995: Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
This item is also required by CMS on 485 and claim forms.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Essential risk factor and important adjunct for matching.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Clinical Record Items		
Item No.: M0069	Item Name: Gender	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
1. Precise Wording of Item: (M0069) Gender: <input type="checkbox"/> 1 - Male <input type="checkbox"/> 2 - Female		
2. Item Clarification: The gender of the patient.		
3. Rationale for Item: Critical risk factor. Also used to resolve matching of assessments for the same patient when other matching criteria are ambiguous. May also be used in analysis of outcome variations by group.		
4. Item Use/Application: <input checked="" type="checkbox"/> Identifier (for data management/tracking)		
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 27 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0069	Gender (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.	
1988-1989: Field testing of outcome measures.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Initial consistency testing.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Consistency testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u> 1.00 </u> Study 1 <u> 1.00 </u> Study 2 <u> </u> Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
This item is also required by CMS on 485 and claim forms.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Essential risk factor and important adjunct for matching.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Clinical Record Items

Item No.: M0072	Item Name: Primary Referring Physician ID (UPIN)	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0072) Primary Referring Physician ID:
 _____ **UK – Unknown or Not Available**

Issues and Recommendations Unique to Selected Identifiers

- This item is one of a group of agency-level or patient-level identifiers, some of which are redundant. These are:

M0010 Agency Medicare Provider Number	M0060 Patient ZIP Code
M0012 Agency Medicaid Provider Number	M0063 Medicare Number
M0014 Branch State (Optional)	M0064 Social Security Number
M0016 Branch ID Number (Optional)	M0065 Medicaid Number
M0040 Patient Name	M0072 Primary Referring Physician ID (UPIN)
M0050 Patient State of Residence	
- Some of these identifiers are essential.
- All of these items are rated as potentially useful in this document.
- The general recommendation is to determine which are the most essential and eliminate as many as possible of the remaining items.

2. Item Clarification:
 The six-digit UPIN number.

3. Rationale for Item:
 Potential linkage of OASIS data with data from other sources (e.g., providers, claims) to review referral and utilization patterns.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<p><u>CMS Applications</u></p> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned)
<p><u>Other Applications Under Development</u></p> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0072 Primary Referring Physician ID (UPIN) (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

1998: New for national implementation.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

None.

9. Additional Comments:

This item is also required by CMS on claim forms.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 above.

Date Recorded: ___02___ / ___01___ / ___2002___

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Clinical Record Items		
Item No.: M0080	Item Name: Discipline of Person Completing Assessment	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
1. Precise Wording of Item: (M0080) Discipline of Person Completing Assessment: <input type="checkbox"/> 1-RN <input type="checkbox"/> 2-PT <input type="checkbox"/> 3-SLP/ST <input type="checkbox"/> 4-OT		
2. Item Clarification: Identifies the discipline of the clinician completing the comprehensive assessment at the specified time points or the clinician reporting the transfer to an inpatient facility, death at home, or discharge (no further visits after start of care).		
3. Rationale for Item: Tracks clinical discipline for data quality research, permits evaluation of discipline-specific bias in assessment and coding of OASIS items.		
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)		
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0080	Discipline of Person Completing Assessment (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Feasibility/consistency testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1998: Modified for national implementation.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
Signature and discipline of assessing clinician are already required in clinical documentation.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain for monitoring data quality patterns.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Clinical Record Items				
Item No.: M0090	Item Name: Date Assessment Completed	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0090) Date Assessment Completed: ___/___/___</p> <p style="text-align: center;">month day year</p>				
<p>2. Item Clarification:</p> <p>The actual date the assessment is completed. If agency policy allows assessments to be performed over more than one visit date, the <u>last</u> date (when the assessment is finished) is the appropriate date to record.</p>				
<p>3. Rationale for Item:</p> <p>On follow-up assessments, provides the effective date of assessment and permits tracking patient status changes over time. Used to calculate length of stay for case mix and risk factor analysis. For all assessments, permits monitoring timeliness of assessment.</p>				
<p>4. Item Use/Application: <input checked="" type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 24 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 24 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 24 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0090****Date Assessment Completed (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

- 1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
Feasibility/consistency testing of outcome measures and data items.
- 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
- 1995-2000: Demonstration testing in the National and New York State Demonstrations.
- 1998: Modified for national implementation.
- 1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

None.

9. Additional Comments:

This item is also required by CMS on claim forms.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Retain. Essential for tracking timeliness of assessments and determining current length of stay for tracking patient progress.

Date Recorded: 02 / 01 / 2002

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Clinical Record Items				
Item No.: M0100	Item Name: Reason for Assessment	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0100) This Assessment is Currently Being Completed for the Following Reason:</p> <p><u>Start/Resumption of Care</u></p> <p><input type="checkbox"/> 1 – Start of care—further visits planned</p> <p><input type="checkbox"/> 2 – Start of care—no further visits planned</p> <p><input type="checkbox"/> 3 – Resumption of care (after inpatient stay)</p> <p><u>Follow-Up</u></p> <p><input type="checkbox"/> 4 – Recertification (follow-up) reassessment [Go to M0150]</p> <p><input type="checkbox"/> 5 – Other follow-up [Go to M0150]</p> <p><u>Transfer to an Inpatient Facility</u></p> <p><input type="checkbox"/> 6 – Transferred to an inpatient facility—patient not discharged from agency [Go to M0150]</p> <p><input type="checkbox"/> 7 – Transferred to an inpatient facility—patient discharged from agency [Go to M0150]</p> <p><u>Discharge from Agency — Not to an Inpatient Facility</u></p> <p><input type="checkbox"/> 8 – Death at home [Go to M0150]</p> <p><input type="checkbox"/> 9 – Discharge from agency [Go to M0150]</p> <p><input type="checkbox"/> 10 – Discharge from agency—no visits completed after start/resumption of care assessment [Go to M0150]</p>				
<p>2. Item Clarification:</p> <p>Identifies the reason why the assessment data are being collected and reported. Accurate recording of this response is important as the data reporting software will accept or reject certain data according to the specific response that has been selected for this item.</p>				
<p>3. Rationale for Item:</p> <p>Tracks regulatory compliance; guides home health agency clinical staff regarding which OASIS items must be completed.</p>				
<p>4. Item Use/Application: <input checked="" type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <p><input checked="" type="checkbox"/> Assessment</p> <p><input checked="" type="checkbox"/> Care planning</p> <p><input checked="" type="checkbox"/> Quality improvement/outcome enhancement</p> <p><input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring</p> <p><input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring</p> <p><input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)</p> <p><input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)</p> <p><input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</p> </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <p><input checked="" type="checkbox"/> Outcome measurement for outcome reporting</p> <p><input type="checkbox"/> Risk factor measurement for outcome reporting</p> <p>Number of risk adjustment models _____</p> <p><input checked="" type="checkbox"/> Adverse event measurement for adverse event report</p> <p><input checked="" type="checkbox"/> Case mix measurement for case mix profiling</p> <p><input checked="" type="checkbox"/> Case mix adjustment for prospective payment system</p> <p><input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)</p> <p><input checked="" type="checkbox"/> Survey & certification use (planned)</p> <p><input checked="" type="checkbox"/> Program integrity (planned)</p> <p><u>Other Applications Under Development</u></p> <p><input checked="" type="checkbox"/> Homebound status determination</p> <p><input checked="" type="checkbox"/> Medical necessity determination</p> </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <p><input checked="" type="checkbox"/> Assessment</p> <p><input checked="" type="checkbox"/> Care planning</p> <p><input checked="" type="checkbox"/> Quality improvement/outcome enhancement</p> <p><input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring</p> <p><input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring</p> <p><input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)</p> <p><input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)</p> <p><input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</p>	<p><u>CMS Applications</u></p> <p><input checked="" type="checkbox"/> Outcome measurement for outcome reporting</p> <p><input type="checkbox"/> Risk factor measurement for outcome reporting</p> <p>Number of risk adjustment models _____</p> <p><input checked="" type="checkbox"/> Adverse event measurement for adverse event report</p> <p><input checked="" type="checkbox"/> Case mix measurement for case mix profiling</p> <p><input checked="" type="checkbox"/> Case mix adjustment for prospective payment system</p> <p><input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)</p> <p><input checked="" type="checkbox"/> Survey & certification use (planned)</p> <p><input checked="" type="checkbox"/> Program integrity (planned)</p> <p><u>Other Applications Under Development</u></p> <p><input checked="" type="checkbox"/> Homebound status determination</p> <p><input checked="" type="checkbox"/> Medical necessity determination</p>
<p><u>Home Health Agency Applications</u></p> <p><input checked="" type="checkbox"/> Assessment</p> <p><input checked="" type="checkbox"/> Care planning</p> <p><input checked="" type="checkbox"/> Quality improvement/outcome enhancement</p> <p><input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring</p> <p><input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring</p> <p><input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)</p> <p><input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)</p> <p><input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</p>	<p><u>CMS Applications</u></p> <p><input checked="" type="checkbox"/> Outcome measurement for outcome reporting</p> <p><input type="checkbox"/> Risk factor measurement for outcome reporting</p> <p>Number of risk adjustment models _____</p> <p><input checked="" type="checkbox"/> Adverse event measurement for adverse event report</p> <p><input checked="" type="checkbox"/> Case mix measurement for case mix profiling</p> <p><input checked="" type="checkbox"/> Case mix adjustment for prospective payment system</p> <p><input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)</p> <p><input checked="" type="checkbox"/> Survey & certification use (planned)</p> <p><input checked="" type="checkbox"/> Program integrity (planned)</p> <p><u>Other Applications Under Development</u></p> <p><input checked="" type="checkbox"/> Homebound status determination</p> <p><input checked="" type="checkbox"/> Medical necessity determination</p>			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0100	Reason for Assessment (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Initial feasibility/consistency testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1998: Modified for national implementation.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>None.</p>	
<p>9. Additional Comments:</p> <p>This item is also required by CMS on claim forms.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain. Evaluate potential refinements to improve tracking of assessments in future versions of OASIS.</p>	
<p>Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u></p>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Demographics and Patient History			
Item No.: M0140	Item Name: Race/Ethnicity	Time Points:	
		<input checked="" type="checkbox"/> Start or Resumption of Care	<input type="checkbox"/> Follow-Up
		<input type="checkbox"/> Transfer to Inpatient Facility	<input type="checkbox"/> Discharge
1. Precise Wording of Item:			
(M0140) Race/Ethnicity (as identified by patient): (Mark all that apply.)			
<input type="checkbox"/> 1 - American Indian or Alaska Native <input type="checkbox"/> 2 - Asian <input type="checkbox"/> 3 - Black or African-American <input type="checkbox"/> 4 - Hispanic or Latino <input type="checkbox"/> 5 - Native Hawaiian or Pacific Islander <input type="checkbox"/> 6 - White <input type="checkbox"/> UK - Unknown			
2. Item Clarification:			
The groups or populations to which the patient is affiliated, as identified by the patient or caregiver.			
3. Rationale for Item:			
Potential analysis of outcome and patient mix variations by population groups of particular interest to those evaluating quality of care provided to underserved populations.			
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)			
<u>Home Health Agency Applications</u>		<u>CMS Applications</u>	
<input checked="" type="checkbox"/> Assessment		<input type="checkbox"/> Outcome measurement for outcome reporting	
<input checked="" type="checkbox"/> Care planning		<input type="checkbox"/> Risk factor measurement for outcome reporting	
<input type="checkbox"/> Quality improvement/outcome enhancement		Number of risk adjustment models _____	
<input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring		<input type="checkbox"/> Adverse event measurement for adverse event report	
<input type="checkbox"/> Utilization/cost/resource consumption monitoring		<input checked="" type="checkbox"/> Case mix measurement for case mix profiling	
<input type="checkbox"/> Marketing (e.g., public relations, payer negotiations)		<input type="checkbox"/> Case mix adjustment for prospective payment system	
<input type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)		<input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)	
<input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<input checked="" type="checkbox"/> Survey & certification use (planned)	
		<input type="checkbox"/> Program integrity (planned)	
		<u>Other Applications Under Development</u>	
		<input type="checkbox"/> Homebound status determination	
		<input type="checkbox"/> Medical necessity determination	

M0140	Race/Ethnicity (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1988-1989: Field testing of outcome measures.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Initial validity/consistency testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Feasibility/consistency testing.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1998: Modified for national implementation to incorporate Census definitions.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>1.00</u> Study 1 <u>1.00</u> Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>Some concerns have been expressed about the cultural sensitivity of this item and the utility of the item for risk adjustment or case mix adjustment. However, the primary value of the item is for assessment and care planning.</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain this item due to its importance for assessment and care planning, and assess utility for other applications.</p>	
<p>Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Demographics and Patient History

Item No.: M0150	Item Name: Current Payment Sources for Home Care	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:

(M0150) Current Payment Sources for Home Care: (Mark all that apply.)

- 0 - None; no charge for current services
- 1 - Medicare (traditional fee-for-service)
- 2 - Medicare (HMO/managed care)
- 3 - Medicaid (traditional fee-for-service)
- 4 - Medicaid (HMO/managed care)
- 5 - Workers' compensation
- 6 - Title programs (e.g., Title III, V, or XX)
- 7 - Other government (e.g., CHAMPUS, VA, etc.)
- 8 - Private insurance
- 9 - Private HMO/managed care
- 10 - Self-pay
- 11 - Other (specify) _____
- UK - Unknown *

* At follow-up, discharge, and transfer, omit "UK - Unknown."
 ** On a combined discharge/transfer assessment form, add "If reason for assessment (RFA) for M0100 is 6 or 7, go to M0830. If RFA for M0100 is 8 or 10, go to M0906. If RFA for M0100 is 9, go to M0200."

2. Item Clarification:

Identifies payers to which any services provided during this home care episode are being billed. Accurate recording of this item is important because assessments for Medicare and Medicaid patients are handled differently than assessments for other payers. If patient is receiving care from multiple payers (e.g., Medicare and Medicaid; private insurance and self-pay; etc.), include all sources. Exclude "pending" payment sources. At discharge or transfer (RFA = 6, 7, 8, 9, or 10) mark payment sources that paid for any care provided since the last (start of care, resumption, or follow-up) assessment.

3. Rationale for Item:

Determines whether home health agency is required to submit OASIS data under current regulations. Used as a risk factor for predicting outcomes.

4. Item Use/Application: Identifier (for data management/tracking)

<p>Home Health Agency Applications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p>CMS Applications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>23</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p>Other Applications Under Development</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0150	Current Payment Sources for Home Care (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Initial consistency/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Feasibility/consistency testing.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.70</u> Study 1 <u>0.29</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Clinician may not have accurate information during SOC home visit, requiring verification with office staff. However, accurate data are required for agency to bill for services provided. If item is miscoded, patient may be misidentified as non-Medicare, non-Medicaid patient, for whom OASIS data submission is not required.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain, and consider refining specific response options.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Demographics and Patient History

Item No.: M0160	Item Name: Financial Factors	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input type="checkbox"/> Discharge
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1. Precise Wording of Item:

(M0160) Financial Factors limiting the ability of the patient/family to meet basic health needs: **(Mark all that apply.)**

- 0 - None
- 1 - Unable to afford medicine or medical supplies
- 2 - Unable to afford medical expenses that are not covered by insurance/Medicare (e.g., copayments)
- 3 - Unable to afford rent/utility bills
- 4 - Unable to afford food
- 5 - Other (specify) _____

2. Item Clarification:

Identifies factors that limit the patient's ability to meet basic health needs (medicine, medical supplies, medical expenses, housing, utilities, food). This item is included in the OASIS, but not reported by the home health agency to CMS.

3. Rationale for Item:

Appropriate care planning requires knowing whether the patient can afford medicine, proper nutrition, and an appropriate living environment. Serves as trigger to refer patient for health or financial assistance programs.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0160	Financial Factors (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
<p>1994-1995: New data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.32</u> Study 1 <u>0.17</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Documented poor reliability. Perceived sensitivity (as a personal privacy issue) caused omission from OASIS data submission requirement.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input checked="" type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Delete item from OASIS. However, some information regarding financial status is essential to assessment and care planning.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Demographics and Patient History				
Item No.: M0175	Item Name: Inpatient Facility Discharge During the Past 14 Days	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input type="checkbox"/> Discharge		
1. Precise Wording of Item: <p>(M0175) From which of the following Inpatient Facilities was the patient discharged <u>during the past 14 days</u>? (Mark all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Hospital <input type="checkbox"/> 2 - Rehabilitation facility <input type="checkbox"/> 3 - Skilled nursing facility <input type="checkbox"/> 4 - Other nursing home <input type="checkbox"/> 5 - Other (specify) _____ <input type="checkbox"/> NA - Patient was not discharged from an inpatient facility [If NA, go to M0200] 				
2. Item Clarification: <p>Identifies whether the patient has recently (within past 14 days) been discharged from an inpatient facility. Past 14 days encompasses the two-week period immediately preceding the start of care/resumption of care or the first day of the new certification period.</p>				
3. Rationale for Item: <p>Inpatient stay prior to home health admission has a strong statistical relationship with outcomes and with resource utilization and is an important factor in care planning. The time interval of 14 days is used in defining an "acute" event per clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.</p>				
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <u>Home Health Agency Applications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <u>CMS Applications</u> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 38 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<u>Home Health Agency Applications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<u>CMS Applications</u> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 38 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<u>Home Health Agency Applications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<u>CMS Applications</u> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 38 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0175	Inpatient Facility Discharge During the Past 14 Days (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Initial consistency/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p> <p>2000: Revised for PPS implementation.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.52</u> Study 1 <u>0.72</u> Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>Some confusion may exist in the case of very short inpatient stays as obtaining the information relies to some extent on patient report. Definition of skilled nursing facility is ambiguous for some.</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Essential item for both payment and outcome analysis. Retain and continue to evaluate options for improving data accuracy.</p> <p align="right">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Demographics and Patient History

Item No.: M0180	Item Name: Inpatient Discharge Date	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0180) Inpatient Discharge Date (most recent):
 ___/___/____
 month day year
 UK - Unknown

2. Item Clarification:
 Identifies the date of the most recent discharge from an inpatient facility (within last 14 days). Past 14 days encompasses the two-week period immediately preceding the start/resumption of care.

3. Rationale for Item:
 Cross-check on the response to M0175 and can be used as an additional risk factor for outcome reporting.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0180	Inpatient Discharge Date (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Initial consistency/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Feasibility/consistency testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Patient self-report may be inaccurate, although data can be verified from referral paperwork or by call to facility.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Demographics and Patient History

Item No.: M0190	Item Name: Inpatient Diagnoses	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input type="checkbox"/> Discharge
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1. Precise Wording of Item:

(M0190) Inpatient Diagnoses and ICD code categories (three digits required; five digits optional) for only those conditions treated during an inpatient facility stay within the last 14 days (no surgical or V-codes):

<u>Inpatient Facility Diagnosis</u>	<u>ICD</u>
a. _____	(____.____)
b. _____	(____.____)

2. Item Clarification:

Identifies diagnosis(es) for which patient was receiving treatment in an inpatient facility within the past 14 days. Past 14 days encompasses the two-week period immediately preceding the start/resumption of care.

3. Rationale for Item:

Important risk factor for outcomes; potential future addition to PPS case mix adjustment algorithm (as a comorbidity). The time interval of 14 days is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>40</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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M0190	Inpatient Diagnoses (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.</p> <p>Consistency/feasibility testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.</p> <p>Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>79%</u> Study 1 _____ Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>Correct ICD-9 coding is a challenge for home care clinicians; PPS has required additional agency attention to this skill. HIPAA regulations may require some changes in coding practices. Only a 3-digit code is needed for outcome analysis. May require communication between HHA and physician; perceived as a burden to HHA. However, knowledge of reason(s) for inpatient facility care is essential for planning and providing care.</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain. Essential measure for risk adjusted outcome reports and other applications. Consider omitting fourth and fifth digits from OASIS to reduce perceived burden.</p>	
<p>Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Demographics and Patient History				
Item No.: M0200	Item Name: Medical or Treatment Regimen Change Within Past 14 Days	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0200) Medical or Treatment Regimen Change Within Past 14 Days: Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days?</p> <p> <input type="checkbox"/> 0 - No [If No, go to M0220] * <input type="checkbox"/> 1 - Yes </p> <p>* At discharge, change M0220 to M0250.</p>				
<p>2. Item Clarification:</p> <p>Identifies if any change has occurred to the patient's treatment regimen, health care services, or medications due to a new diagnosis or exacerbation of an old diagnosis within past 14 days. Past 14 days encompasses the two-week period immediately preceding the start/resumption of care, the first day of the new certification period or the discharge date.</p>				
<p>3. Rationale for Item:</p> <p>For use in combination with inpatient facility discharge to distinguish patients with acute or subacute health problems from patients with long-standing chronic problems or impairments. The time interval of 14 days is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate determiner for an acute episode; empirical testing established 14 days as a better predictor.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width: 50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 34 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 34 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 34 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0200	Medical or Treatment Regimen Change Within Past 14 Days (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.78</u> Study 1 <u>0.55</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
A number of questions have arisen regarding interpretation of this item, but reliability is adequate.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Consider refining instructions to enhance understandability.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Demographics and Patient History

Item No.: M0210	Item Name: Medical Regimen Change Diagnoses	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:

(M0210) List the patient's **Medical Diagnoses** and ICD code categories (three digits required; five digits optional) for those conditions requiring changed medical or treatment regimen (no surgical or V-codes):

<u>Changed Medical Regimen Diagnosis</u>	<u>ICD</u>
a. _____	(____.____)
b. _____	(____.____)
c. _____	(____.____)
d. _____	(____.____)

2. Item Clarification:

Identifies the diagnosis(es) that have caused an addition or change to the patient's treatment, regimen, health care services received, or medication within the past 14 days. Past 14 days encompasses the two-week period immediately preceding the start/resumption of care (or the date of the follow-up/discharge visit).

3. Rationale for Item:

Very important for risk adjustment of outcomes and care planning. May be used in future payment adjustment models. The time interval of 14 days is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. Item Use/Application: Identifier (for data management/tracking)

Home Health Agency Applications

- Assessment
- Care planning
- Quality improvement/outcome enhancement
- Patient mix/origin/discharge disposition monitoring
- Utilization/cost/resource consumption monitoring
- Marketing (e.g., public relations, payer negotiations)
- Feedback to other providers (e.g., physicians, discharge planners)
- Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

CMS Applications

- Outcome measurement for outcome reporting
- Risk factor measurement for outcome reporting
Number of risk adjustment models 40
- Adverse event measurement for adverse event report
- Case mix measurement for case mix profiling
- Case mix adjustment for prospective payment system
- Performance indicator for consumer reporting (planned)
- Survey & certification use (planned)
- Program integrity (planned)

Other Applications Under Development

- Homebound status determination
- Medical necessity determination

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0210	Medical Regimen Change Diagnoses (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Initial consistency testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Consistency testing of data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>74%</u> Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Correct ICD-9 coding is a challenge for home care clinicians; PPS has required additional agency attention to this skill. HIPAA regulations may require some changes in coding practices. Only a three-digit code is required for outcome analysis. May require communication between HHA and physician; perceived as a burden to HHA. However, knowledge of new or changed diagnoses and regimens is essential for planning and providing care.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Essential measure for risk-adjusted outcome reports and other applications. Consider omitting fourth and fifth digits from OASIS to reduce perceived burden.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Demographics and Patient History		
Item No.: M0220	Item Name: Conditions Prior to Hospitalization/Regimen Change	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
1. Precise Wording of Item: <p>(M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay* Within Past 14 Days: If this patient experienced an inpatient facility discharge* or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed <u>prior to</u> the inpatient stay* or change in medical or treatment regimen. (Mark all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Urinary incontinence <input type="checkbox"/> 2 - Indwelling/suprapubic catheter <input type="checkbox"/> 3 - Intractable pain <input type="checkbox"/> 4 - Impaired decision-making <input type="checkbox"/> 5 - Disruptive or socially inappropriate behavior <input type="checkbox"/> 6 - Memory loss to the extent that supervision required <input type="checkbox"/> 7 - None of the above <input type="checkbox"/> NA - No inpatient facility discharge <u>and</u> no change in medical or treatment regimen in past 14 days** <input type="checkbox"/> UK - Unknown** <p>* At discharge, omit all references to inpatient stay or inpatient facility discharge. ** At discharge, omit "NA" and "UK."</p>		
2. Item Clarification: Identifies existence of condition(s) <u>prior to</u> medical regimen change or inpatient stay within past 14 days. Past 14 days encompasses the two-week period immediately preceding the start/resumption of care, the first day of the new certification period, or the discharge date.		
3. Rationale for Item: Identifies patients with chronic problems or disabilities versus problems of recent origin. The time interval of 14 days is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval to differentiate chronic conditions; empirical testing established 14 days as a better predictor.		
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)		
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 30 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0220	Conditions Prior to Hospitalization/Regimen Change (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.52</u> Study 1 <u>0.47</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Retrospective nature of item may be responsible for lower reliability.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore refinement to enhance reliability.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Demographics and Patient History

Item No.: M0230/ M0240	Item Name: Diagnoses and Severity Index	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Discharge
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1. Precise Wording of Item:

(M0230/M0240) Diagnoses and Severity Index: List each medical diagnosis or problem for which the patient is receiving home care and ICD code category (three digits required; five digits optional – no surgical or V-codes) and rate them using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.)

- 0 - Asymptomatic, no treatment needed at this time
- 1 - Symptoms well controlled with current therapy
- 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring
- 3 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring
- 4 - Symptoms poorly controlled, history of rehospitalizations

<u>(M0230) Primary Diagnosis</u>	<u>ICD</u>	<u>Severity Rating</u>				
a. _____	(____ . ____)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<u>(M0240) Other Diagnosis</u>	<u>ICD</u>	<u>Severity Rating</u>				
b. _____	(____ . ____)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. _____	(____ . ____)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. _____	(____ . ____)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. _____	(____ . ____)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. _____	(____ . ____)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

2. Item Clarification:

Identifies each diagnosis for which the patient is receiving home care and its ICD code. Each diagnosis is then categorized according to its severity. The primary diagnosis (M0230) should be the condition which is the chief reason for providing home care. The principal diagnosis reported on the Plan of Care (HCFA-485, item 11) and the UB-92 (HCFA-1450, item 67) must match the M0230 diagnosis.

3. Rationale for Item:

Diagnosis is essential to payment determination and care planning. Also useful for risk adjustment of outcome measures.

4. Item Use/Application: Identifier (for data management/tracking)

Home Health Agency Applications

- Assessment
- Care planning
- Quality improvement/outcome enhancement
- Patient mix/origin/discharge disposition monitoring
- Utilization/cost/resource consumption monitoring
- Marketing (e.g., public relations, payer negotiations)
- Feedback to other providers (e.g., physicians, discharge planners)
- Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)

CMS Applications

- Outcome measurement for outcome reporting
- Risk factor measurement for outcome reporting
Number of risk adjustment models 40
- Adverse event measurement for adverse event report
- Case mix measurement for case mix profiling
- Case mix adjustment for prospective payment system
- Performance indicator for consumer reporting (planned)
- Survey & certification use (planned)
- Program integrity (planned)

Other Applications Under Development

- Homebound status determination
- Medical necessity determination

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0230/M0240 Diagnoses and Severity Index (Cont'd)

5. Item Research, Development, Clinical, and Testing History:

- 1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.
- 1988-1989: Field testing of outcome measures.
- 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- 1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.
Initial consistency testing of outcome measures and data items.
- 1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
Feasibility/consistency testing of data items.
- 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
New data item, severity index, suggested as essential for a core comprehensive assessment.
Drafted and endorsed by a home health industry workgroup.
- 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- 1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 75% Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

Correct ICD-9 coding is a challenge for home care clinicians, and guidelines promulgated by some experts conflict with OASIS instructions. Diagnosis coding may be subject to gaming to maximize reimbursement. PPS has necessitated additional attention to coding skills of agency staff.

9. Additional Comments:

Also required by CMS on 485 and claim forms. HIPAA regulations may require some changes in coding practices, including acceptance of V codes. Reliability coefficient reported in Element 7 is weighted average of primary and secondary diagnoses. Reliability for specific components is as follows: M0230 Primary Diagnosis: 80% agreement; M0230 Severity Rating: .74 (kappa); M0240 Other Diagnoses: 72% agreement; M0240 Severity Ratings: .55 (kappa).

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal

11. Recommendation for Retention or Change:

Retain. Continue to explore modification of instructions for clarity and compliance with coding standards. Investigate options to minimize duplication with other required forms (e.g., 485, claims).

Date Recorded: 02 / 01 / 2002

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Demographics and Patient History				
Item No.: M0250	Item Name: Therapies (IV/Infusion/Nutrition)	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
1. Precise Wording of Item: (M0250) Therapies the patient receives <u>at home</u> : (Mark all that apply.) <input type="checkbox"/> 1 - Intravenous or infusion therapy (excludes TPN) <input type="checkbox"/> 2 - Parenteral nutrition (TPN or lipids) <input type="checkbox"/> 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) <input type="checkbox"/> 4 - None of the above				
2. Item Clarification: Identifies whether the patient is receiving intravenous, parenteral nutrition, or enteral nutrition therapy at home.				
3. Rationale for Item: Important predictor of service need and risk adjuster for outcomes.				
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 17 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 17 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 17 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0250	Therapies (IV/Infusion/Nutrition) (Con'td)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.86</u> Study 1 <u>0.88</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Some forms of infusion (e.g., subcutaneous) are less invasive and care intensive than IV, but no distinction is made.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. (It may be appropriate to explore whether an item modification to distinguish subcutaneous infusion would improve risk adjustment.)	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Demographics and Patient History				
Item No.: M0260	Item Name: Overall Prognosis	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0260) Overall Prognosis: BEST description of patient's overall prognosis for <u>recovery from this episode of illness</u>.</p> <p><input type="checkbox"/> 0 - Poor: little or no recovery is expected and/or further decline is imminent</p> <p><input type="checkbox"/> 1 - Good/Fair: partial to full recovery is expected</p> <p><input type="checkbox"/> UK - Unknown</p>				
<p>2. Item Clarification:</p> <p>Identifies the patient's expected overall prognosis for recovery at the start of this home care episode. Prognosis is based on professional judgment of clinician completing assessment.</p>				
<p>3. Rationale for Item:</p> <p>Crucial factor in care planning and risk adjustment.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align:top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 33 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 33 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 33 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

Item-Specific Record

M0260	Overall Prognosis (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1988-1989: Field testing of outcome measures.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items. Item revised.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.72</u> Study 1 <u>0.50</u> Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>Original item with more categories (duplicate of item on the 485) was unreliable, but current item with only two categories is less descriptive. Concerns have been expressed about recording the same information on two separate forms. The 485 data item is not encoded or transmitted.</p>	
<p>9. Additional Comments:</p> <p>Prognosis is also required on the 485. There is an implicit practice to avoid using the "excellent" category on the 485 to avoid payment denial.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain. Explore option of using the same response categories for the 485 item.</p>	
<p>Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Demographics and Patient History			
Item No.: M0270	Item Name: Rehabilitative Prognosis	Time Points:	
		<input checked="" type="checkbox"/> Start or Resumption of Care	<input type="checkbox"/> Follow-Up
		<input type="checkbox"/> Transfer to Inpatient Facility	<input type="checkbox"/> Discharge
1. Precise Wording of Item:			
(M0270) Rehabilitative Prognosis: BEST description of patient's prognosis for <u>functional status</u> .			
<input type="checkbox"/> 0 - Guarded: minimal improvement in functional status is expected; decline is possible <input type="checkbox"/> 1 - Good: marked improvement in functional status is expected <input type="checkbox"/> UK - Unknown			
2. Item Clarification:			
Identifies the patient's expected prognosis for <u>functional status</u> improvement at the start of this episode of home care. Prognosis is based on professional judgement of clinician completing assessment.			
3. Rationale for Item:			
An important care planning factor for patients receiving rehabilitative care, and a powerful risk factor for outcomes.			
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)			
<u>Home Health Agency Applications</u>		<u>CMS Applications</u>	
<input checked="" type="checkbox"/> Assessment		<input type="checkbox"/> Outcome measurement for outcome reporting	
<input checked="" type="checkbox"/> Care planning		<input checked="" type="checkbox"/> Risk factor measurement for outcome reporting	
<input checked="" type="checkbox"/> Quality improvement/outcome enhancement		Number of risk adjustment models <u>34</u>	
<input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring		<input checked="" type="checkbox"/> Adverse event measurement for adverse event report	
<input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring		<input type="checkbox"/> Case mix measurement for case mix profiling	
<input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)		<input type="checkbox"/> Case mix adjustment for prospective payment system	
<input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)		<input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)	
<input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<input checked="" type="checkbox"/> Survey & certification use (planned)	
		<input type="checkbox"/> Program integrity (planned)	
		<u>Other Applications Under Development</u>	
		<input type="checkbox"/> Homebound status determination	
		<input type="checkbox"/> Medical necessity determination	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0270	Rehabilitative Prognosis (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.</p> <p>1988-1989: Field testing of outcome measures.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items. Item revised. Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.</p> <p>1994-1995: Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.77</u> Study 1 <u>0.50</u> Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>Original item with more categories was unreliable, but current item with only two categories is less descriptive. Concerns have been expressed about recording similar information on two separate forms, though 485 does not employ the same response options.</p>	
<p>9. Additional Comments:</p> <p>Also required (in narrative form only) by CMS on 485.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain. Explore option of using the same response categories for the 485 item.</p>	
<p>Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Demographics and Patient History				
Item No.: M0280	Item Name: Life Expectancy	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0280) Life Expectancy: (Physician documentation is not required.)</p> <p><input type="checkbox"/> 0 - Life expectancy is greater than 6 months</p> <p><input type="checkbox"/> 1 - Life expectancy is 6 months or fewer</p>				
<p>2. Item Clarification:</p> <p>Identifies those patients for whom life expectancy is fewer than six months. Item is based on professional judgment of clinician completing assessment and other clinical input.</p>				
<p>3. Rationale for Item:</p> <p>Identification of terminal patients, whose treatment goals and service needs may be substantially different from other patients.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width: 50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 29 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 29 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 29 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination 			

M0280	Life Expectancy (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.98</u> Study 1 <u>0.16</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Life expectancy judgments by clinicians have been shown to be problematic. Some clinicians are reluctant to acknowledge terminal status of patient for a variety of reasons. May require communication between HHA and physician; perceived by some as a burden to HHA. However, this information is important for assessment and care planning.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Consider exploring alternative definitions.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Demographics and Patient History

Item No.: M0290	Item Name: High Risk Factors	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0290) High Risk Factors characterizing this patient: **(Mark all that apply.)**

- 1 - Heavy smoking
- 2 - Obesity
- 3 - Alcohol dependency
- 4 - Drug dependency
- 5 - None of the above
- UK - Unknown *

* At follow-up and discharge, omit "UK - Unknown."

2. Item Clarification:
 Identifies specific factors that may exert a high impact on the patient's health status and ability to recover from this illness.

3. Rationale for Item:
 Crucial to care planning and risk adjustment because these risk factors are known to substantially impact prognosis for coping with illness and overall health status.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>13</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE (for OASIS Version B1 8/2000)
 Item-Specific Record

Form No. OC:1-02.02

M0290	High Risk Factors (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.	
1989-1991: Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.	
Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.	
Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.69</u> Study 1 <u>0.48</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Obesity factor shows lower reliability, indicating lack of consistent standards. Negative connotation of alcohol/drug dependency may lead to under-reporting.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore ways to enhance accuracy/reliability of response pertaining to obesity.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Living Arrangements				
Item No.: M0300	Item Name: Current Residence	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
1. Precise Wording of Item: (M0300) Current Residence: <input type="checkbox"/> 1 - Patient's owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant other) <input type="checkbox"/> 2 - Family member's residence <input type="checkbox"/> 3 - Boarding home or rented room <input type="checkbox"/> 4 - Board and care or assisted living facility <input type="checkbox"/> 5 - Other (specify) _____				
2. Item Clarification: Identifies where the patient is residing during the current home care episode, even if temporary (e.g., where the patient is receiving care).				
3. Rationale for Item: Can affect care provision and facilitate or impede recovery/rehabilitation process. Some care or health-related services are received in conjunction with living quarters (e.g., an assisted living situation).				
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking) <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 22 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 22 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 22 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0300	Current Residence (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.86</u> Study 1 <u>0.80</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Concern has been expressed about the burden of collecting this and related items at follow-up time points. Recommendation has been made to include this item only if status has changed. This approach has been shown in research to lead to under-reporting of change.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain for risk adjustment and care planning.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Living Arrangements				
Item No.: M0310	Item Name: Structural Barriers	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0310) Structural Barriers in the patient's environment limiting independent mobility: (Mark all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Stairs inside home which <u>must</u> be used by the patient (e.g., to get to toileting, sleeping, eating areas) <input type="checkbox"/> 2 - Stairs inside home which are used optionally (e.g., to get to laundry facilities) <input type="checkbox"/> 3 - Stairs leading from inside house to outside <input type="checkbox"/> 4 - Narrow or obstructed doorways 				
<p>2. Item Clarification:</p> <p>Identifies any obstacles that may impede/hamper the patient's independence in ambulation/locomotion within the environment.</p>				
<p>3. Rationale for Item:</p> <p>Environment should be an important factor in predicting the level of functional independence that can be expected and in developing a care plan to maximize functional improvement. Responses can change from one time point to another, as patient's independent mobility changes.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE (for OASIS Version B1 8/2000)
 Item-Specific Record

Form No. OC:1-02.02

M0310	Structural Barriers (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.52</u> Study 1 <u>0.35</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Modest reliability may account for inability to predict outcomes as a risk factor. Concern has been expressed about the burden of collecting this and related items at follow-up time points. Recommendation has been made to include this item only if status has changed. This approach has been shown in research to lead to under-reporting of change.	
9. Additional Comments:	
CMS requires safety measures to be addressed on 485.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input checked="" type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Refine. Reliability and performance as a risk factor could be improved by refinements. May be useful to support homebound status and medical necessity.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Living Arrangements

Item No.: M0320	Item Name: Safety Hazards	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0320) Safety Hazards found in the patient's current place of residence: **(Mark all that apply.)**

- 0 - None
- 1 - Inadequate floor, roof, or windows
- 2 - Inadequate lighting
- 3 - Unsafe gas/electric appliance
- 4 - Inadequate heating
- 5 - Inadequate cooling
- 6 - Lack of fire safety devices
- 7 - Unsafe floor coverings
- 8 - Inadequate stair railings
- 9 - Improperly stored hazardous materials
- 10 - Lead-based paint
- 11 - Other (specify) _____

2. Item Clarification:
 Identifies conditions in current residence (defined under M0300), which interfere with patient's safety or could pose a threat to safety.

3. Rationale for Item:
 Environment should be an important factor in predicting the level of functional independence that can be expected and in developing a care plan to maximize functional improvement. Can change within the same environment from one time point to another.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 1 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
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M0320	Safety Hazards (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1994-1995: New data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.56</u> Study 1 <u>0.48</u> Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>Modest reliability may account for poor performance as a risk factor. Concern has been expressed about the burden of collecting this and related items at follow-up time points. Recommendation has been made to include this item only if status has changed. This approach has been shown in research to lead to under-reporting of change.</p>	
<p>9. Additional Comments:</p> <p>CMS requires safety measures to be addressed on 485.</p>	
<p>10. Overall Necessity of Item: <input type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input checked="" type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain. Item may need redesign to improve reliability and performance as a risk factor. May be useful for assessing medical necessity.</p> <p style="text-align: right;">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

Item Category: Living Arrangements				
Item No.: M0330	Item Name: Sanitation Hazards	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0330) Sanitation Hazards found in the patient's current place of residence: (Mark all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - No running water <input type="checkbox"/> 2 - Contaminated water <input type="checkbox"/> 3 - No toileting facilities <input type="checkbox"/> 4 - Outdoor toileting facilities only <input type="checkbox"/> 5 - Inadequate sewage disposal <input type="checkbox"/> 6 - Inadequate/improper food storage <input type="checkbox"/> 7 - No food refrigeration <input type="checkbox"/> 8 - No cooking facilities <input type="checkbox"/> 9 - Insects/rodents present <input type="checkbox"/> 10 - No scheduled trash pickup <input type="checkbox"/> 11 - Cluttered/soiled living area <input type="checkbox"/> 12 - Other (specify) _____ 				
<p>2. Item Clarification:</p> <p>Identifies conditions in the patient's current residence (defined under M0300), which are a threat to health or safety of the patient.</p>				
<p>3. Rationale for Item:</p> <p>Sanitation hazards pose a threat to patient health and safety, particularly for the homebound. Some hazards greatly affect care planning (e.g., inadequate/lack of water for wound care patients). Can change within the same environment from one time point to another. Environment should be an important factor in predicting the level of functional independence that can be expected and in developing a care plan to maximize functional improvement.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 1 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 1 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 1 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0330	Sanitation Hazards (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.64</u> Study 1 <u>0.25</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Concern has been expressed about the burden of collecting this and related items at follow-up time points. Recommendation has been made to include this item only if status has changed. This approach has been shown in research to lead to under-reporting of change.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input checked="" type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Item may need redesign to improve performance as a risk factor. May be useful for assessing medical necessity.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Living Arrangements				
Item No.: M0340	Item Name: Living Situation	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
1. Precise Wording of Item: (M0340) Patient Lives With: (Mark all that apply.) <input type="checkbox"/> 1 - Lives alone <input type="checkbox"/> 2 - With spouse or significant other <input type="checkbox"/> 3 - With other family member <input type="checkbox"/> 4 - With a friend <input type="checkbox"/> 5 - With paid help (other than home care agency staff) <input type="checkbox"/> 6 - With other than above				
2. Item Clarification: Identifies who the patient is living with at this time, even if the arrangement is temporary.				
3. Rationale for Item: Can affect care planning, resource use, and outcome of episode of care.				
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking) <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 33 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 33 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 33 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination			

M0340	Living Situation (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.94</u> Study 1 <u>0.74</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Some confusion has been expressed about definition of paid help, but item reliability is still excellent. Suggestion has been made to simplify to yes/no responses. Yes/no responses to each current response (1 through 6) could be added although this does not change the meaning of these items, which are already highly reliable. Data entry software change would be required, and item response format would differ from all other OASIS items; this would appear to increase overall burden. Changing entire item to a single yes/no response loses essential information for care planning.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain for risk adjustment and care planning.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Supportive Assistance					
Item No.: M0350	Item Name: Assisting Person(s) Other Than Home Care Agency Staff	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge			
1. Precise Wording of Item: (M0350) Assisting Person(s) Other than Home Care Agency Staff: (Mark all that apply.) <input type="checkbox"/> 1 - Relatives, friends, or neighbors living outside the home <input type="checkbox"/> 2 - Person residing in the home (EXCLUDING paid help) <input type="checkbox"/> 3 - Paid help <input type="checkbox"/> 4 - None of the above [If None of the above, go to M0390] * <input type="checkbox"/> UK - Unknown [If Unknown, go to M0390] ** * At discharge, change M0390 to M0410. ** At follow-up and discharge, omit "UK - Unknown."					
2. Item Clarification: Identifies the individuals who provide assistance to the patient (EXCLUDING the home care agency).					
3. Rationale for Item: Can be an important factor for care planning and risk adjustment, and for adverse event reporting.					
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking) <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 20 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>				<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 20 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE (for OASIS Version B1 8/2000)
 Item-Specific Record

Form No. OC:1-02.02

M0350	Assisting Person(s) Other Than Home Care Agency Staff (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.67</u> Study 1 <u>0.52</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Suggestion has been made to simplify to yes/no responses. Yes/no responses to each current response (1 through 6) could be added although this does not change the meaning of these items, which are already highly reliable. Data entry software change would be required, and item response format would differ from all other OASIS items; this would appear to increase overall burden. Changing entire item to a single yes/no response loses essential information for care planning.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain for care planning and risk adjustment.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Supportive Assistance				
Item No.: M0360	Item Name: Primary Caregiver	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0360) Primary Caregiver taking <u>lead</u> responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - No one person [If No one person, go to M0390] * <input type="checkbox"/> 1 - Spouse or significant other <input type="checkbox"/> 2 - Daughter or son <input type="checkbox"/> 3 - Other family member <input type="checkbox"/> 4 - Friend or neighbor or community or church member <input type="checkbox"/> 5 - Paid help <input type="checkbox"/> UK - Unknown [If Unknown, go to M0390] ** <p>* At discharge, change M0390 to M0410. ** At follow-up, and discharge, omit "UK - Unknown."</p>				
<p>2. Item Clarification:</p> <p>Identifies the person who is "in charge" of providing and coordinating the patient's care. A case manager hired to oversee care, but who does not provide any assistance, is not considered the primary caregiver. This person may employ others to provide direct assistance, in which case "paid help" is considered the primary caregiver.</p>				
<p>3. Rationale for Item:</p> <p>Determining whether there is a primary caregiver in the home is important for care planning and, potentially, risk adjustment.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 4 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 4 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 4 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0360	Primary Caregiver (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.65</u> Study 1 <u>0.80</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Suggestion has been made to simplify to yes/no responses. Yes/no responses to each current response (1 through 6) could be added although this does not change the meaning of these items, which are already sufficiently reliable. Data entry software change would be required, and item response format would differ from all other OASIS items; this would appear to increase overall burden. Changing entire item to a single yes/no response loses essential information for care planning.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Supportive Assistance				
Item No.: M0370	Item Name: Frequency of Primary Caregiver Assistance	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0370) How Often does the patient receive assistance from the primary caregiver?</p> <p> <input type="checkbox"/> 1 - Several times during day and night <input type="checkbox"/> 2 - Several times during day <input type="checkbox"/> 3 - Once daily <input type="checkbox"/> 4 - Three or more times per week <input type="checkbox"/> 5 - One to two times per week <input type="checkbox"/> 6 - Less often than weekly <input type="checkbox"/> UK - Unknown * </p> <p>*At follow-up and discharge, omit "UK - Unknown."</p>				
<p>2. Item Clarification:</p> <p>Identifies the frequency of the help provided by the primary caregiver (identified in M0360).</p>				
<p>3. Rationale for Item:</p> <p>Affects care planning and expected to be a predictor of outcomes.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align:top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 9 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 9 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 9 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

Item-Specific Record

M0370	Frequency of Primary Caregiver Assistance (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1988-1989: Field testing of outcome measures.</p> <p>1994-1995: Modified data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.52</u> Study 1 <u>0.59</u> Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>Moderate reliability. Improved reliability could result in contribution to risk adjustment models for more outcomes.</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain. Explore revisions to improve reliability.</p>	
<p>Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Supportive Assistance			
Item No.: M0380	Item Name: Type of Primary Caregiver Assistance	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge	
1. Precise Wording of Item:			
(M0380) Type of Primary Caregiver Assistance: (Mark all that apply.)			
<input type="checkbox"/> 1 - ADL assistance (e.g., bathing, dressing, toileting, bowel/bladder, eating/feeding) <input type="checkbox"/> 2 - IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances) <input type="checkbox"/> 3 - Environmental support (housing, home maintenance) <input type="checkbox"/> 4 - Psychosocial support (socialization, companionship, recreation) <input type="checkbox"/> 5 - Advocates or facilitates patient's participation in appropriate medical care <input type="checkbox"/> 6 - Financial agent, power of attorney, or conservator of finance <input type="checkbox"/> 7 - Health care agent, conservator of person, or medical power of attorney <input type="checkbox"/> UK - Unknown *			
* At follow-up and discharge, omit "UK - Unknown."			
2. Item Clarification:			
Identifies categories of assistance provided by the primary caregiver (identified in M0360).			
3. Rationale for Item:			
Affects care planning and expected to be a predictor of outcomes.			
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)			
<u>Home Health Agency Applications</u>		<u>CMS Applications</u>	
<input checked="" type="checkbox"/> Assessment		<input type="checkbox"/> Outcome measurement for outcome reporting	
<input checked="" type="checkbox"/> Care planning		<input checked="" type="checkbox"/> Risk factor measurement for outcome reporting	
<input checked="" type="checkbox"/> Quality improvement/outcome enhancement		Number of risk adjustment models <u> 15 </u>	
<input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring		<input type="checkbox"/> Adverse event measurement for adverse event report	
<input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring		<input type="checkbox"/> Case mix measurement for case mix profiling	
<input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)		<input type="checkbox"/> Case mix adjustment for prospective payment system	
<input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)		<input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)	
<input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<input checked="" type="checkbox"/> Survey & certification use (planned)	
		<input checked="" type="checkbox"/> Program integrity (planned)	
		<u>Other Applications Under Development</u>	
		<input checked="" type="checkbox"/> Homebound status determination	
		<input checked="" type="checkbox"/> Medical necessity determination	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0380 Type of Primary Caregiver Assistance (Cont'd)

5. Item Research, Development, Clinical, and Testing History:
1994-1995: New data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.
1995-2000: Demonstration testing in the National and New York State Demonstrations.
1997-1998: Reliability testing.
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
 Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
 Consensus validity by expert clinical panels for patient assessment and care planning
 Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
 Convergent/predictive validity: case mix adjustment for payment
 Validation by patient assessment and care planning
 Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated
Interrater reliability (weighted kappa or percent agreement): 0.40 Study 1 0.39 Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:
Mediocre reliability.

9. Additional Comments:
None.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal

11. Recommendation for Retention or Change:
Retain. Explore revisions to improve reliability.

Date Recorded: 02 / 01 / 2002

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Sensory Status				
Item No.: M0390	Item Name: Vision	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0390) Vision with corrective lenses if the patient usually wears them:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint. <input type="checkbox"/> 1 - Partially impaired: cannot see medication labels or newsprint, but <u>can</u> see obstacles in path, and the surrounding layout; can count fingers at arm's length. <input type="checkbox"/> 2 - Severely impaired: cannot locate objects without hearing or touching them <u>or</u> patient nonresponsive. 				
<p>2. Item Clarification:</p> <p>Identifies the patient's ability to see and visually manage (function) within his/her environment.</p>				
<p>3. Rationale for Item:</p> <p>Sensory impairments can impact both outcomes and service needs.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width: 50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 17 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 17 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 17 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0390	Vision (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.</p> <p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: New data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.84</u> Study 1 <u>0.53</u> Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>No substantial constraints.</p>	
<p>9. Additional Comments:</p> <p>Close relationship to item required by CMS on 485.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain for care planning, risk adjustment, and payment adjustment.</p>	
<p>Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Sensory Status		
Item No.: M0400	Item Name: Hearing and Ability to Understand Spoken Language	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input type="checkbox"/> Discharge
1. Precise Wording of Item:		
<p>(M0400) Hearing and Ability to Understand Spoken Language in patient's own language (with hearing aids if the patient usually uses them):</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - No observable impairment. Able to hear and understand complex or detailed instructions and extended or abstract conversation. <input type="checkbox"/> 1 - With minimal difficulty, able to hear and understand most multi-step instructions and ordinary conversation. May need occasional repetition, extra time, or louder voice. <input type="checkbox"/> 2 - Has moderate difficulty hearing and understanding simple, one-step instructions and brief conversation; needs frequent prompting or assistance. <input type="checkbox"/> 3 - Has severe difficulty hearing and understanding simple greetings and short comments. Requires multiple repetitions, restatements, demonstrations, and additional time. <input type="checkbox"/> 4 - <u>Unable</u> to hear and understand familiar words or common expressions consistently, <u>or</u> patient nonresponsive. 		
2. Item Clarification:		
Identifies the patient's ability to hear and understand spoken language.		
3. Rationale for Item:		
Sensory impairments can impact both outcomes and service needs.		
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)		
<u>Home Health Agency Applications</u>		<u>CMS Applications</u>
<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 4 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned)
		<u>Other Applications Under Development</u>
		<input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination

OASIS CHRONICLE (for OASIS Version B1 8/2000)
 Item-Specific Record

Form No. OC:1-02.02

M0400	Hearing and Ability to Understand Spoken Language (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.	
1988-1989: Field testing of outcome measures.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Modified data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.69</u> Study 1 <u>0.52</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Though item was developed by a speech-language pathologist, other clinicians have sometimes found the wording complex.	
9. Additional Comments:	
Close relationship to item required by CMS on 485.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore simplification options.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Sensory Status				
Item No.: M0410	Item Name: Speech and Oral (Verbal) Expression of Language	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
1. Precise Wording of Item: (M0410) Speech and Oral (Verbal) Expression of Language (in patient's own language): <ul style="list-style-type: none"> <input type="checkbox"/> 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment. <input type="checkbox"/> 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance). <input type="checkbox"/> 2 - Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences. <input type="checkbox"/> 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases. <input type="checkbox"/> 4 - <u>Unable</u> to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible). <input type="checkbox"/> 5 - Patient nonresponsive or unable to speak. 				
2. Item Clarification: Identifies the patient's ability to communicate verbally (by mouth) in the patient's primary language. The item does not address communicating in sign language, in writing, or by any nonverbal means. Augmented speech (e.g., a trained esophageal speaker, use of an electrolarynx) is considered verbal expression of language.				
3. Rationale for Item: An important factor contributing to quality of life, as well as an important risk factor.				
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking) <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <u>Home Health Agency Applications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="vertical-align: top;"> <u>CMS Applications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 22 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<u>Home Health Agency Applications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<u>CMS Applications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 22 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<u>Home Health Agency Applications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<u>CMS Applications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 22 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0410	Speech and Oral (Verbal) Expression of Language (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1994-1995: New data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.79</u> Study 1 <u>0.66</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
Also required by CMS on 485.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Essential for outcome measurement and risk adjustment.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Sensory Status

Item No.: M0420	Item Name: Frequency of Pain Interfering With Activity	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0420) Frequency of Pain interfering with patient's activity or movement:

- 0 - Patient has no pain or pain does not interfere with activity or movement
- 1 - Less often than daily
- 2 - Daily, but not constantly
- 3 - All of the time

2. Item Clarification:
 Identifies frequency of pain interfering with patient's activities, with treatment if prescribed.

3. Rationale for Item:
 Important factor contributing to quality of life, as well as being an important risk factor for functional outcomes.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>7</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0420	Frequency of Pain Interfering With Activity (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.66</u> Study 1 <u>0.55</u> Study 2 <u>0.74</u> Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>Frequency captures only one dimension of pain. Prior outcome measure testing had examined pain intensity instead of frequency, which (of necessity) was patient-reported and a less reliable data item.</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain. Continue to evaluate alternative pain items.</p>	
<p>Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Sensory Status				
Item No.: M0430	Item Name: Intractable Pain	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0430) Intractable Pain: Is the patient experiencing pain that is <u>not easily relieved</u>, occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity?</p> <p> <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes </p>				
<p>2. Item Clarification:</p> <p>Identifies the presence of chronic (intractable) pain.</p>				
<p>3. Rationale for Item:</p> <p>An important factor contributing to quality of life, as well as being an important risk factor for functional, emotional, and utilization outcomes.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width: 50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 6 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 6 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 6 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0430	Intractable Pain (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.67</u> Study 1 <u>0.58</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Reliability is acceptable. Pain is a challenging construct to measure. Research on pain measurement should be monitored to refine this item if possible.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Continue to refine.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Integumentary Status

Item No.: M0440	Item Name: Skin Lesion or Open Wound	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:

(M0440) Does this patient have a **Skin Lesion** or an **Open Wound**? This excludes "OSTOMIES."

0 - No [If No, go to **M0490**]

1 - Yes

2. Item Clarification:

Identifies the presence of a skin lesion or open wound. A lesion is a broad term used to describe an area of pathologically altered tissue. Sores, skin tears, burns, ulcers, rashes, surgical incisions, crusts, etc. are all considered lesions. All alterations in skin integrity are considered to be lesions, except alterations that end in "ostomy" (e.g., tracheostomy, gastrostomy, etc.) or peripheral IV sites. Persistent redness without a break in the skin is also considered a lesion.

3. Rationale for Item:

Extremely important risk factor, predictor of resource use, and outcome measure.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>10</u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0440	Skin Lesion or Open Wound (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.85</u> Study 1 <u>0.84</u> Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>Some confusion exists concerning definition of skin lesion <u>or</u> open wound, with some clinicians including all lesions and others counting only open wounds. OASIS Implementation Manual includes clarifying instructions (see Element 2).</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain. Explore the option of one item for any skin lesion and a second item for open wounds or add an option that asks if the lesion/wound will be included in the plan of care.</p> <p style="text-align: right;">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Integumentary Status				
Item No.: M0445	Item Name: Pressure Ulcer Presence	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0445) Does this patient have a Pressure Ulcer?</p> <p><input type="checkbox"/> 0 - No [If No, go to M0468]</p> <p><input type="checkbox"/> 1 - Yes</p>				
<p>2. Item Clarification:</p> <p>Identifies the presence of a pressure ulcer, defined as any lesion caused by unrelieved pressure resulting in tissue hypoxia and damage of the underlying tissue. Pressure ulcers most often occur over bony prominences.</p>				
<p>3. Rationale for Item:</p> <p>Avoidance of pressure ulcers (or of deterioration in status) is an important marker of good care, and presence at admission is predictive of service use and outcomes.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align:top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 13 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 13 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 13 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0445 Pressure Ulcer Presence (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

1997: New item, based on splitting older item into two items, for National and New York State Demonstrations Year 2.

1997-1998: Reliability testing.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 1.00 Study 1 0.90 Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

None.

9. Additional Comments:

Item starts a skip pattern, allowing clinicians to bypass other items if patient has no pressure ulcer(s). National Pressure Ulcer Advisory Panel definitions are consistent across all health care settings and are used in clinical practice guidelines.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Retain. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)

Date Recorded: 02 / 01 / 2002

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Integumentary Status						
Item No.: M0450	Item Name: Current Number of Pressure Ulcers at Each Stage	Time Points:				
		<input checked="" type="checkbox"/> Start or Resumption of Care	<input checked="" type="checkbox"/> Follow-Up	<input type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Discharge	
1. Precise Wording of Item:						
(M0450) Current Number of Pressure Ulcers at Each Stage: (Circle one response for each stage.)						
	Pressure Ulcer Stages					
		Number of Pressure Ulcers				
a)	Stage 1: Nonblanchable erythema of intact skin; the heralding of skin ulceration. In darker-pigmented skin, warmth, edema, hardness, or discolored skin may be indicators.	0	1	2	3	4 or more
b)	Stage 2: Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.	0	1	2	3	4 or more
c)	Stage 3: Full-thickness skin loss involving damage or necrosis of subcutaneous tissue which may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.	0	1	2	3	4 or more
d)	Stage 4: Full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule, etc.)	0	1	2	3	4 or more
e)	In addition to the above, is there at least one pressure ulcer that cannot be observed due to the presence of eschar or a nonremovable dressing, including casts? <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes					
2. Item Clarification: Identifies the number of pressure ulcers at each stage present at the time of assessment. Definitions of pressure ulcer stages derived from the National Pressure Ulcer Advisory Panel.						
3. Rationale for Item: Avoidance of pressure ulcers (or deterioration in status) is an important marker of good care, and presence at admission is predictive of service use and outcomes.						
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)						
Home Health Agency Applications			CMS Applications			
<input checked="" type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Care planning	<input checked="" type="checkbox"/> Quality improvement/outcome enhancement	<input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring	<input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring	<input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)	
<input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)	<input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<input type="checkbox"/> Outcome measurement for outcome reporting	<input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>13</u>	<input checked="" type="checkbox"/> Adverse event measurement for adverse event report	<input checked="" type="checkbox"/> Case mix measurement for case mix profiling	
		<input checked="" type="checkbox"/> Case mix adjustment for prospective payment system	<input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)	<input checked="" type="checkbox"/> Survey & certification use (planned)	<input checked="" type="checkbox"/> Program integrity (planned)	
		Other Applications Under Development				
		<input checked="" type="checkbox"/> Homebound status determination	<input checked="" type="checkbox"/> Medical necessity determination			

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0450	Current Number of Pressure Ulcers at Each Stage (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.</p> <p>1988-1989: Field testing of outcome measures.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.83</u> Study 1 <u>0.37</u> Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>None.</p>	
<p>9. Additional Comments:</p> <p>National Pressure Ulcer Advisory Panel definitions are consistent across all health care settings and are used in clinical practice guidelines.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency).</p> <p align="right">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Integumentary Status			
Item No.: M0460	Item Name: Stage of Most Problematic (Observable) Pressure Ulcer	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge	
1. Precise Wording of Item:			
(M0460) Stage of Most Problematic (Observable) Pressure Ulcer:			
<input type="checkbox"/> 1 - Stage 1 <input type="checkbox"/> 2 - Stage 2 <input type="checkbox"/> 3 - Stage 3 <input type="checkbox"/> 4 - Stage 4 <input type="checkbox"/> NA - No observable pressure ulcer			
2. Item Clarification:			
Identifies the most problematic pressure ulcer of those noted in M0450. "Most problematic" may be the largest, the most advanced stage, the most difficult to access for treatment, the most difficult to relieve pressure, etc., depending on the specific situation. Definitions of pressure ulcer stages (stated under M0450) are derived from the National Pressure Ulcer Advisory Panel.			
3. Rationale for Item:			
Avoidance of pressure ulcers (or of deterioration) is an important marker of good care, and presence at admission is predictive of service use and outcomes.			
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)			
<u>Home Health Agency Applications</u>		<u>CMS Applications</u>	
<input checked="" type="checkbox"/> Assessment		<input type="checkbox"/> Outcome measurement for outcome reporting	
<input checked="" type="checkbox"/> Care planning		<input checked="" type="checkbox"/> Risk factor measurement for outcome reporting	
<input checked="" type="checkbox"/> Quality improvement/outcome enhancement		Number of risk adjustment models <u> 6 </u>	
<input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring		<input checked="" type="checkbox"/> Adverse event measurement for adverse event report	
<input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring		<input checked="" type="checkbox"/> Case mix measurement for case mix profiling	
<input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)		<input checked="" type="checkbox"/> Case mix adjustment for prospective payment system	
<input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)		<input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)	
<input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<input checked="" type="checkbox"/> Survey & certification use (planned)	
		<input checked="" type="checkbox"/> Program integrity (planned)	
		<u>Other Applications Under Development</u>	
		<input checked="" type="checkbox"/> Homebound status determination	
		<input checked="" type="checkbox"/> Medical necessity determination	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0460	Stage of Most Problematic (Observable) Pressure Ulcer (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
<p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.70</u> Study 1 <u>0.86</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Some clinicians perceive difficulty in determining "most problematic" pressure ulcer. In practice, this is usually a relatively straightforward process, but clarification of instructions may be worthwhile. There is also a concern about the medical terminology, which is addressed under item clarification for this item and M0450.	
9. Additional Comments:	
National Pressure Ulcer Advisory Panel definitions are consistent across all health care settings and are used in clinical practice guidelines.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore clarification of instructions regarding identification of "most problematic" ulcer. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Integumentary Status		
Item No.: M0464	Item Name: Status of Most Problematic (Observable) Pressure Ulcer	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
1. Precise Wording of Item: (M0464) Status of Most Problematic (Observable) Pressure Ulcer: <input type="checkbox"/> 1 - Fully granulating <input type="checkbox"/> 2 - Early/partial granulation <input type="checkbox"/> 3 - Not healing <input type="checkbox"/> NA - No observable pressure ulcer		
2. Item Clarification: Identifies the degree of healing visible in the ulcer identified in M0460 as the most problematic observable pressure ulcer.		
3. Rationale for Item: Avoidance of pressure ulcers (or of deterioration in status) is an important marker of good care, and presence at admission is predictive of service use and outcomes.		
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)		
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 8 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0464	Status of Most Problematic (Observable) Pressure Ulcer (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.90</u> Study 1 <u>0.30</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Some clinicians find making an accurate determination of healing status difficult. Recent expert consensus definitions offered by Wound, Ostomy, and Continence Nurses Society (WOCN) may be useful. Some clinicians perceive difficulty in determining "most problematic" pressure ulcer. In practice, this is usually a relatively straightforward process, but clarification of instructions may be worthwhile.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore clarification of instructions regarding identification of "most problematic" ulcer. Concentrate on referring agencies and clinicians to pressure ulcer experts, national clinical practice guidelines, and WOCN to enhance assessment consistency. Add a new response (0 - Re-epithelialized) when National Pressure Ulcer Advisory Panel determines appropriate.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Integumentary Status				
Item No.: M0468	Item Name: Stasis Ulcer Presence	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0468) Does this patient have a Stasis Ulcer?</p> <p><input type="checkbox"/> 0 - No [If No, go to M0482]</p> <p><input type="checkbox"/> 1 - Yes</p>				
<p>2. Item Clarification:</p> <p>Identifies the presence of an ulcer caused by inadequate venous circulation in the area affected (usually lower legs). This lesion is often associated with stasis dermatitis. Stasis ulcers <u>do not</u> include arterial circulatory lesions or arterial ulcers.</p>				
<p>3. Rationale for Item:</p> <p>Proper treatment to promote healing is an important marker of good care, while presence at admission is a predictor of service use and outcomes.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align:top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 6 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 6 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 6 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0468 Stasis Ulcer Presence (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

1997: New item, based on splitting previous version of item into two separate items, for National and New York State Demonstrations Year 2.

1997-1998: Reliability testing.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.79 Study 1 0.85 Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

Some home health industry representatives have suggested broadening the item definition to include arterial and diabetic ulcers, which would be inconsistent with the clinical definition of stasis ulcer. (See Element 2 for clarification.) Arterial and diabetic ulcer items were included in 1991-1994 empirical field testing of outcome measures and data items. They were not incorporated into OASIS due to extremely low incidence (arterial ulcers) or poor data item reliability (both).

9. Additional Comments:

Item starts a skip pattern, allowing clinicians to bypass other items if patient has no stasis ulcer(s).

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed.

Date Recorded: 02 / 01 / 2002

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Integumentary Status				
Item No.: M0470	Item Name: Current Number of Observable Stasis Ulcer(s)	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0470) Current Number of Observable Stasis Ulcer(s):</p> <p> <input type="checkbox"/> 0 - Zero <input type="checkbox"/> 1 - One <input type="checkbox"/> 2 - Two <input type="checkbox"/> 3 - Three <input type="checkbox"/> 4 - Four or more </p>				
<p>2. Item Clarification:</p> <p>Identifies the number of visible stasis ulcers.</p>				
<p>3. Rationale for Item:</p> <p>Proper treatment to promote healing is an important marker of good care, while presence at admission is a predictor of service use and outcomes.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 4 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 4 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 4 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0470	Current Number of Observable Stasis Ulcer(s) (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>1.00</u> Study 1 <u>1.00</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Some home health industry representatives have suggested broadening the item definition to include arterial and diabetic ulcers, which would be inconsistent with the clinical definition of stasis ulcer. (See Element 2 for clarification.) Arterial and diabetic ulcer items were included in 1991-1994 empirical field testing of outcome measures and data items. They were not incorporated into OASIS due to extremely low incidence (arterial ulcers) or poor data item reliability (both).	
9. Additional Comments:	
Arterial and diabetic ulcer items were included in 1991-1994 empirical field testing of outcome measures and data items.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Integumentary Status		
Item No.: M0474	Item Name: Stasis Ulcer that Cannot be Observed	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
1. Precise Wording of Item: (M0474) Does this patient have at least one Stasis Ulcer that Cannot be Observed due to the presence of a nonremovable dressing? <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes		
2. Item Clarification: Identifies the presence of a stasis ulcer which is covered by a dressing that home care staff are not to remove (e.g., an Unna's paste-boot).		
3. Rationale for Item: Enables clinicians to accurately describe situations where wound status (and number) cannot be assessed. (If patient has an ulcer that is covered, no assessment of status/number is possible.)		
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)		
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0474 Stasis Ulcer that Cannot be Observed (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

1997: New for National and New York State Demonstrations Year 2.
 1997-1998: Reliability testing.
 1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
 Consensus validity by expert clinical panels for patient assessment and care planning
 Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
 Convergent/predictive validity: case mix adjustment for payment
 Validation by patient assessment and care planning
 Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): 0.98 Study 1 1.00 Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

None.

9. Additional Comments:

None.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Retain.

Date Recorded: 02 / 01 / 2002

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Integumentary Status			
Item No.: M0476	Item Name: Status of Most Problematic (Observable) Stasis Ulcer	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge	
1. Precise Wording of Item: (M0476) Status of Most Problematic (Observable) Stasis Ulcer: <input type="checkbox"/> 1 - Fully granulating <input type="checkbox"/> 2 - Early/partial granulation <input type="checkbox"/> 3 - Not healing <input type="checkbox"/> NA - No observable stasis ulcer			
2. Item Clarification: Identifies the degree of healing visible. "Most problematic" may be the largest, the most resistant to treatment, one which is infected, etc., depending on the specific situation.			
3. Rationale for Item: Proper treatment to promote healing is an important marker of good care, while presence at admission is a predictor of service use and outcomes.			
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)			
<u>Home Health Agency Applications</u>		<u>CMS Applications</u>	
<input checked="" type="checkbox"/> Assessment		<input type="checkbox"/> Outcome measurement for outcome reporting	
<input checked="" type="checkbox"/> Care planning		<input checked="" type="checkbox"/> Risk factor measurement for outcome reporting	
<input checked="" type="checkbox"/> Quality improvement/outcome enhancement		Number of risk adjustment models <u> 6 </u>	
<input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring		<input type="checkbox"/> Adverse event measurement for adverse event report	
<input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring		<input type="checkbox"/> Case mix measurement for case mix profiling	
<input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)		<input checked="" type="checkbox"/> Case mix adjustment for prospective payment system	
<input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)		<input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)	
<input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<input checked="" type="checkbox"/> Survey & certification use (planned)	
		<input checked="" type="checkbox"/> Program integrity (planned)	
		<u>Other Applications Under Development</u>	
		<input checked="" type="checkbox"/> Homebound status determination	
		<input checked="" type="checkbox"/> Medical necessity determination	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0476	Status of Most Problematic (Observable) Stasis Ulcer (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u> 1.00 </u> Study 1 <u> 1.00 </u> Study 2 <u> </u> Study 3	
8. Perceived or Real Constraints/Limitations:	
Some clinicians perceive difficulty in determining "most problematic" stasis ulcer. In practice, this is usually a relatively straightforward process, but clarification of instructions may be worthwhile. Some clinicians find making an accurate determination of healing status difficult. Recent expert consensus definitions offered by Wound, Ostomy, and Continence Nurses Society (WOCN) may be useful. Some home health industry representatives have suggested broadening the item definition to include arterial and diabetic ulcers, which would be inconsistent with the clinical definition of stasis ulcer. (See Element 2 for M0468 for clarification.) Arterial and diabetic ulcer items were included in 1991-1994 empirical field testing of outcome measures and data items. They were not incorporated into OASIS due to extremely low incidence (arterial ulcers) or poor data item reliability (both).	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed. Explore clarification of instructions regarding identification of most problematic ulcer. Refer agencies and clinicians to WOCN to enhance assessment consistency.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Integumentary Status				
Item No.: M0482	Item Name: Surgical Wound Presence	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0482) Does this patient have a Surgical Wound?</p> <p><input type="checkbox"/> 0 - No [If No, go to M0490]</p> <p><input type="checkbox"/> 1 - Yes</p>				
<p>2. Item Clarification:</p> <p>Identifies the presence of any wound resulting from a surgical procedure.</p>				
<p>3. Rationale for Item:</p> <p>Improvement in wound status is an important outcome of care, and surgical wound presence is a risk factor for three-fourths of the outcome measures used in outcome reports.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting <li style="padding-left: 20px;">Number of risk adjustment models <u> 28 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting <li style="padding-left: 20px;">Number of risk adjustment models <u> 28 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting <li style="padding-left: 20px;">Number of risk adjustment models <u> 28 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0482	Surgical Wound Presence (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1997: New for National and New York State Demonstrations Year 2.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.84</u> Study 1 <u>0.95</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
Item starts a skip pattern, allowing clinicians to bypass other items if patient has no surgical wound(s).	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Integumentary Status				
Item No.: M0484	Item Name: Current Number of (Observable) Surgical Wounds	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0484) Current Number of (Observable) Surgical Wounds: (If a wound is partially closed but has <u>more</u> than one opening, consider each opening as a separate wound.)</p> <p> <input type="checkbox"/> 0 - Zero <input type="checkbox"/> 1 - One <input type="checkbox"/> 2 - Two <input type="checkbox"/> 3 - Three <input type="checkbox"/> 4 - Four or more </p>				
<p>2. Item Clarification:</p> <p>Identifies the number of observable surgical wounds.</p>				
<p>3. Rationale for Item:</p> <p>Improvement in wound status is an important outcome of care, and surgical wound number is a risk factor for one-third of the outcome measures used in outcome reports.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>14</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>14</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>14</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE (for OASIS Version B1 8/2000)
 Item-Specific Record

Form No. OC:1-02.02

M0484	Current Number of (Observable) Surgical Wounds (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.84</u> Study 1 <u>0.55</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Integumentary Status				
Item No.: M0486	Item Name: Surgical Wound that Cannot be Observed	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0486) Does this patient have at least one Surgical Wound that Cannot be Observed due to the presence of a nonremovable dressing?</p> <p> <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes </p>				
<p>2. Item Clarification:</p> <p>Identifies the presence of a surgical wound covered by a dressing (or cast) which is not to be removed, per physician's orders.</p>				
<p>3. Rationale for Item:</p> <p>Enables clinicians to accurately describe situations where wound status (and number) cannot be assessed.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting <input type="checkbox"/> Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting <input type="checkbox"/> Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting <input type="checkbox"/> Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0486	Surgical Wound that Cannot be Observed (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1997: New for National and New York State Demonstrations Year 2.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>1.00</u> Study 1 <u>1.00</u> Study 2 <u> </u> Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Integumentary Status			
Item No.: M0488	Item Name: Status of Most Problematic (Observable) Surgical Wound	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge	
1. Precise Wording of Item: (M0488) Status of Most Problematic (Observable) Surgical Wound: <input type="checkbox"/> 1 - Fully granulating <input type="checkbox"/> 2 - Early/partial granulation <input type="checkbox"/> 3 - Not healing <input type="checkbox"/> NA - No observable surgical wound			
2. Item Clarification: Identifies the degree of healing visible in the most problematic, observable surgical wound. "Most problematic" may be complicated by the presence of infection, location, large size, difficult management of drainage, or slow healing, depending on the specific situation.			
3. Rationale for Item: Proper treatment to promote healing is an important marker of good care, while status at admission is a predictor of service use and outcomes.			
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)			
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 6 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0488	Status of Most Problematic (Observable) Surgical Wound (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.</p> <p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.</p> <p>Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.</p> <p>Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.49</u> Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>Some clinicians find making an accurate determination of healing status difficult. Recent expert consensus definitions offered by Wound, Ostomy, and Continence Nurses Society (WOCN) may be useful. Some clinicians perceive difficulty in determining "most problematic" surgical wound. In practice, this is usually a relatively straightforward process, but clarification of instructions may be worthwhile.</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain. Refer agencies and clinicians to WOCN to enhance assessment consistency. Explore clarification of instructions regarding identification of "most problematic" wound.</p> <p align="right">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Respiratory Status

Item No.: M0490	Item Name: Shortness of Breath	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:

(M0490) When is the patient dyspneic or noticeably **Short of Breath**?

- 0 - Never, patient is not short of breath
- 1 - When walking more than 20 feet, climbing stairs
- 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- 4 - At rest (during day or night)

2. Item Clarification:

Identifies the patient's level of shortness of breath.

3. Rationale for Item:

Important health status indicator that serves multiple purposes (care planning, predicting resource use, and assessing homebound status and medical necessity).

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 8 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0490 Shortness of Breath (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

- 1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.
- 1988-1989: Field testing of outcome measures. Item revised.
- 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- 1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.
Reliability/validity testing of outcome measures and data items.
- 1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
Reliability/validity testing of outcome measures and data items.
- 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
Endorsed as essential for a core comprehensive assessment by a home health industry workgroup.
No changes recommended to the data item.
- 1995-2000: Demonstration testing in the National and New York State Demonstrations.
- 1997-1998: Reliability testing.
- 1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluatedInterrater reliability (weighted kappa or percent agreement): 0.82 Study 1 0.49 Study 2 0.51 Study 3**8. Perceived or Real Constraints/Limitations:**

Clinician must actually see patient move about home to provide most accurate item response.

9. Additional Comments:

Also required by CMS on 485.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Retain. Continue to promote observation assessment strategies by clinicians.

Date Recorded: 02 / 01 / 2002

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Respiratory Status

Item No.: M0500	Item Name: Respiratory Treatments	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0500) Respiratory Treatments utilized at home: **(Mark all that apply.)**

- 1 - Oxygen (intermittent or continuous)
- 2 - Ventilator (continually or at night)
- 3 - Continuous positive airway pressure
- 4 - None of the above

2. Item Clarification:
 Identifies any of the listed respiratory treatments being used by the patient.

3. Rationale for Item:
 Can affect care plan, outcomes, and resource use.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>16</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0500	Respiratory Treatments (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.95</u> Study 1 <u>0.51</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Elimination Status				
Item No.: M0510	Item Name: Urinary Tract Infection	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0510) Has this patient been treated for a Urinary Tract Infection in the past 14 days?</p> <p> <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> NA - Patient on prophylactic treatment <input type="checkbox"/> UK - Unknown * </p> <p>* At follow-up and discharge, omit "UK - Unknown."</p>				
<p>2. Item Clarification:</p> <p>Identifies treatment of urinary tract infection during the past 14 days.</p>				
<p>3. Rationale for Item:</p> <p>Development of UTI is a rare but important marker of care needing investigation. The time interval of 14 days is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 2 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 2 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 2 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0510	Urinary Tract Infection (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items. Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.	
1994-1995: Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>1.00</u> Study 1 <u>0.61</u> Study 2 <u> </u> Study 3	
8. Perceived or Real Constraints/Limitations:	
Low prevalence limits utility as a risk factor and outcome.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Elimination Status				
Item No.: M0520	Item Name: Urinary Incontinence or Urinary Catheter Presence	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
1. Precise Wording of Item: (M0520) Urinary Incontinence or Urinary Catheter Presence: <input type="checkbox"/> 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [If No, go to M0540] <input type="checkbox"/> 1 - Patient is incontinent <input type="checkbox"/> 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [Go to M0540]				
2. Item Clarification: Identifies presence of urinary incontinence or condition that requires urinary catheterization of any type, including intermittent or indwelling. Etiology (cause) of incontinence is not addressed in this item.				
3. Rationale for Item: Is a frequent risk factor utilized for outcome adjustment and also predictive of service use.				
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking) <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 27 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 27 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 27 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination			

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0520	Urinary Incontinence or Urinary Catheter Presence (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Item revised. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.87</u> Study 1 <u>0.77</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
No limitations.	
9. Additional Comments:	
Also required by CMS on 485.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Elimination Status				
Item No.: M0530	Item Name: When Urinary Incontinence Occurs	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
1. Precise Wording of Item: (M0530) When does Urinary Incontinence occur? <input type="checkbox"/> 0 - Timed-voiding defers incontinence <input type="checkbox"/> 1 - During the night only <input type="checkbox"/> 2 - During the day and night				
2. Item Clarification: Identifies the time of day when the urinary incontinence occurs.				
3. Rationale for Item: Is a frequent risk factor utilized for outcome adjustment and also predictive of service use. National clinical practice guidelines have emphasized overall a lack of treatment for this condition.				
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking) <table border="0"> <tr> <td style="vertical-align: top;"> <u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="vertical-align: top;"> <u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 15 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 15 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 15 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination			

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0530	When Urinary Incontinence Occurs (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Item revised. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u> 0.88 </u> Study 1 <u> 0.53 </u> Study 2 <u> </u> Study 3	
8. Perceived or Real Constraints/Limitations:	
No limitations.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Elimination Status				
Item No.: M0540	Item Name: Bowel Incontinence Frequency	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
1. Precise Wording of Item: (M0540) Bowel Incontinence Frequency: <input type="checkbox"/> 0 - Very rarely or never has bowel incontinence <input type="checkbox"/> 1 - Less than once weekly <input type="checkbox"/> 2 - One to three times weekly <input type="checkbox"/> 3 - Four to six times weekly <input type="checkbox"/> 4 - On a daily basis <input type="checkbox"/> 5 - More often than once daily <input type="checkbox"/> NA - Patient has ostomy for bowel elimination <input type="checkbox"/> UK - Unknown * * At follow-up and discharge, omit "UK - Unknown."				
2. Item Clarification: Identifies how often the patient experiences bowel incontinence. Refers to the frequency of a symptom (bowel incontinence), not to the etiology (cause) of that symptom. This item does <u>not</u> address treatment of incontinence or constipation (e.g., a bowel program).				
3. Rationale for Item: Used for outcome measurement and risk adjustment, as well as predictor of service use.				
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking) <table border="0"> <tr> <td style="vertical-align: top;"> <u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="vertical-align: top;"> <u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 18 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 18 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 18 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0540	Bowel Incontinence Frequency (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.73</u> Study 1 <u>0.66</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
Also required by CMS on 485.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
 Item-Specific Record

Form No. OC:1-02.02

Item Category: Elimination Status				
Item No.: M0550	Item Name: Ostomy for Bowel Elimination	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0550) Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay,* <u>or</u> b) necessitated a change in medical or treatment regimen?</p> <p><input type="checkbox"/> 0 - Patient does <u>not</u> have an ostomy for bowel elimination.</p> <p><input type="checkbox"/> 1 - Patient's ostomy was <u>not</u> related to an inpatient stay* and did <u>not</u> necessitate change in medical or treatment regimen.</p> <p><input type="checkbox"/> 2 - The ostomy <u>was</u> related to an inpatient stay* or <u>did</u> necessitate change in medical or treatment regimen.</p> <p>* At discharge, omit references to inpatient facility stay.</p>				
<p>2. Item Clarification:</p> <p>Identifies whether the patient has an ostomy for bowel elimination and, if so, whether the ostomy was related to a recent inpatient stay or a change in medical treatment plan.</p>				
<p>3. Rationale for Item:</p> <p>Highly predictive of service needs as an acute condition, and somewhat useful for risk adjustment. The time interval of 14 days is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 6 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 6 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 6 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0550	Ostomy for Bowel Elimination (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.66</u> Study 1 <u>0.85</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Neuro/Emotional/Behavioral Status		
Item No.: M0560	Item Name: Cognitive Functioning	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
1. Precise Wording of Item:		
<p>(M0560) Cognitive Functioning: (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. <input type="checkbox"/> 1 - Requires prompting (cueing, repetition, reminders) only under stressful or unfamiliar conditions. <input type="checkbox"/> 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility. <input type="checkbox"/> 3 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. <input type="checkbox"/> 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative State, or delirium. 		
2. Item Clarification:		
Identifies the patient's current level of cognitive functioning, including alertness, orientation, comprehension, concentration, and immediate memory for simple commands.		
3. Rationale for Item:		
Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.		
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)		
<u>Home Health Agency Applications</u>		<u>CMS Applications</u>
<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 16 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned)
		<u>Other Applications Under Development</u>
		<input checked="" type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0560	Cognitive Functioning (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
<p>1994-1995: New data item suggested as essential for a core comprehensive assessment. Drafted and endorsed by a home health industry workgroup.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability:	
<input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): <u> 0.63 </u> Study 1 <u> 0.63 </u> Study 2 <u> 0.35 </u> Study 3	
8. Perceived or Real Constraints/Limitations:	
<p>Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis.</p>	
9. Additional Comments:	
<p>Information also required by CMS on 485. OASIS assessment training video and workbook depict observational (vs. interview) assessment for this item in detailed manner.</p>	
10. Overall Necessity of Item:	
<input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
<p>Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.</p>	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Neuro/Emotional/Behavioral Status				
Item No.: M0570	Item Name: When Confused (Reported or Observed)	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
1. Precise Wording of Item: (M0570) When Confused (Reported or Observed): <input type="checkbox"/> 0 - Never <input type="checkbox"/> 1 - In new or complex situations only <input type="checkbox"/> 2 - On awakening or at night only <input type="checkbox"/> 3 - During the day and evening, but not constantly <input type="checkbox"/> 4 - Constantly <input type="checkbox"/> NA - Patient nonresponsive				
2. Item Clarification: Identifies the time of day the patient is likely to be confused, if at all.				
3. Rationale for Item: Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.				
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 20 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 20 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 20 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0570	When Confused (Reported or Observed) (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.68</u> Study 1 <u>0.62</u> Study 2 <u>0.62</u> Study 3	
8. Perceived or Real Constraints/Limitations:	
Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis.	
9. Additional Comments:	
Information also required by CMS on 485. OASIS assessment training video and workbook depict observational (vs. interview) assessment for this item in detailed manner.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Neuro/Emotional/Behavioral Status				
Item No.: M0580	Item Name: When Anxious (Reported or Observed)	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
1. Precise Wording of Item: (M0580) When Anxious (Reported or Observed): <input type="checkbox"/> 0 - None of the time <input type="checkbox"/> 1 - Less often than daily <input type="checkbox"/> 2 - Daily, but not constantly <input type="checkbox"/> 3 - All of the time <input type="checkbox"/> NA - Patient nonresponsive				
2. Item Clarification: Identifies the frequency with which the patient feels anxious.				
3. Rationale for Item: Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.				
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking) <table border="0"> <tr> <td style="vertical-align: top;"> <u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="vertical-align: top;"> <u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 10 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 10 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 10 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0580 When Anxious (Reported or Observed) (Cont'd)

5. Item Research, Development, Clinical, and Testing History:
 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
 1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.
 Reliability/validity testing of outcome measures and data items.
 1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
 Reliability/validity testing of outcome measures and data items.
 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.
 Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.
 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
 1997-1998: Reliability testing.
 1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:
 Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
 Consensus validity by expert clinical panels for patient assessment and care planning
 Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
 Convergent/predictive validity: case mix adjustment for payment
 Validation by patient assessment and care planning
 Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated
 Interrater reliability (weighted kappa or percent agreement): 0.61 Study 1 0.44 Study 2 0.71 Study 3

8. Perceived or Real Constraints/Limitations:
 Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis.

9. Additional Comments:
 Information also required by CMS on 485. OASIS assessment training video and workbook depict observational (vs. interview) assessment for this item in detailed manner.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal

11. Recommendation for Retention or Change:
 Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.

Date Recorded: 02 / 01 / 2002

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Neuro/Emotional/Behavioral Status		
Item No.: M0590	Item Name: Depressive Feelings (Reported or Observed)	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
1. Precise Wording of Item: (M0590) Depressive Feelings Reported or Observed in Patient: (Mark all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Depressed mood (e.g., feeling sad, tearful) <input type="checkbox"/> 2 - Sense of failure or self reproach <input type="checkbox"/> 3 - Hopelessness <input type="checkbox"/> 4 - Recurrent thoughts of death <input type="checkbox"/> 5 - Thoughts of suicide <input type="checkbox"/> 6 - None of the above feelings observed or reported 		
2. Item Clarification: Identifies presence of symptoms of depression.		
3. Rationale for Item: Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. Under-recognition of depression is regarded as a major public health issue. Item responses are included as depressive symptoms in DSM-IV (2000). A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.		
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)		
<u>Home Health Agency Applications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 		<u>CMS Applications</u> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 6 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned)
		<u>Other Applications Under Development</u> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0590	Depressive Feelings (Reported or Observed) (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.54</u> Study 1 <u>0.06</u> Study 2 <u>0.89</u> Study 3	
8. Perceived or Real Constraints/Limitations:	
Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis. Reliability for this item is moderate, indicating some room for improvement.	
9. Additional Comments:	
Also required by CMS on 485. OASIS assessment training video and workbook depict observational and interview strategies to obtain assessment data.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore ways to increase item reliability by rewording and continuing to empirically test response options.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Neuro/Emotional/Behavioral Status				
Item No.: M0600	Item Name: Patient Behaviors (Reported or Observed)	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
1. Precise Wording of Item: (M0600) Patient Behaviors (Reported or Observed): (Mark all that apply.) <input type="checkbox"/> 1 - Indecisiveness, lack of concentration <input type="checkbox"/> 2 - Diminished interest in most activities <input type="checkbox"/> 3 - Sleep disturbances <input type="checkbox"/> 4 - Recent change in appetite or weight <input type="checkbox"/> 5 - Agitation <input type="checkbox"/> 6 - A suicide attempt <input type="checkbox"/> 7 - None of the above behaviors observed or reported				
2. Item Clarification: Identifies presence of depressive symptoms.				
3. Rationale for Item: Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. Under-recognition of depression is regarded as a major public health issue. Item responses are included as depressive symptoms in DSM-IV (2000). A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.				
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking) <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 2 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 2 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<u>CMS Applications</u> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 2 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0600	Patient Behaviors (Reported or Observed) (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.</p> <p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.44</u> Study 1 <u>0.29</u> Study 2 <u>0.69</u> Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis. Reliability for this item is moderate, indicating some room for improvement.</p>	
<p>9. Additional Comments:</p> <p>Also required by CMS on 485. OASIS assessment training video and workbook depict observational and interview strategies to obtain assessment data.</p>	
<p>10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain. Explore ways to increase item reliability by rewording and continuing to empirically test response options.</p>	
<p>Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Neuro/Emotional/Behavioral Status		
Item No.: M0610	Item Name: Behaviors Demonstrated at Least Once a Week (Reported or Observed)	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
1. Precise Wording of Item: (M0610) Behaviors Demonstrated <u>at Least Once a Week</u> (Reported or Observed): (Mark all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required <input type="checkbox"/> 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions <input type="checkbox"/> 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. <input type="checkbox"/> 4 - Physical aggression: aggressive or combative to self and others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects) <input type="checkbox"/> 5 - Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) <input type="checkbox"/> 6 - Delusional, hallucinatory, or paranoid behavior <input type="checkbox"/> 7 - None of the above behaviors demonstrated 		
2. Item Clarification: Identifies specific behaviors which may reflect alterations in a patient's cognitive or neuro/emotional status.		
3. Rationale for Item: Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. Also important for safety of home health agency staff member during care provision. A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.		
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)		
<u>Home Health Agency Applications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 		<u>CMS Applications</u> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 17 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0610	Behaviors Demonstrated at Least Once a Week (Reported or Observed) (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.52</u> Study 1 <u>0.50</u> Study 2 <u>0.79</u> Study 3	
8. Perceived or Real Constraints/Limitations:	
Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis. Reliability for this item is moderate, indicating some room for improvement.	
9. Additional Comments:	
Information also required by CMS on 485. OASIS assessment training video and workbook depict detailed assessment strategies for this item.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore ways to increase item reliability by rewording and continuing to empirically test response options.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Neuro/Emotional/Behavioral Status				
Item No.: M0620	Item Name: Frequency of Behavior Problems (Reported or Observed)	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0620) Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.):</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - Never <input type="checkbox"/> 1 - Less than once a month <input type="checkbox"/> 2 - Once a month <input type="checkbox"/> 3 - Several times each month <input type="checkbox"/> 4 - Several times a week <input type="checkbox"/> 5 - At least daily 				
<p>2. Item Clarification:</p> <p>Identifies frequency of behavior problems which may reflect an alteration in a patient's cognitive or neuro/emotional status. "Behavior problems" are not limited to only those identified in M0610. For example, "wandering" is included as an additional behavior problem. Any behavior of concern for the patient's safety or social environment can be regarded as a problem behavior.</p>				
<p>3. Rationale for Item:</p> <p>Crucial factor to assess for care planning and patient safety, as well as for outcome measurement and risk adjustment. Also important for safety of home health agency staff member during care provision. A comprehensive assessment defined by nursing and therapy standards of care includes mental status, cognition, and psychosocial patient-level factors.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 5 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 5 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 5 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE (for OASIS Version B1 8/2000)
 Item-Specific Record

Form No. OC:1-02.02

M0620	Frequency of Behavior Problems (Reported or Observed) (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.96</u> Study 1 <u>0.37</u> Study 2 <u>0.26</u> Study 3	
8. Perceived or Real Constraints/Limitations:	
Two concerns have been expressed about this and other mental/emotional/behavioral status items, perceived lack of precision, and concerns about patient privacy. One of the reasons for concerns about the precision of this item is the inaccurate perception that information is collected primarily if not exclusively through an interview approach. The OASIS Implementation Manual, assessment training video, and workbook all include observational and interview assessment strategies to obtain these data, emphasizing observational strategies. While patient privacy is very important, a valid assessment should include these factors to enable the clinician to assess patient needs and provide appropriate care (as indicated under Element 3). Extensive legal and procedural safeguards exist to protect patient confidentiality for data transmission and analysis.	
9. Additional Comments:	
OASIS assessment training video and workbook depict assessment strategies for this item.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Neuro/Emotional/Behavioral Status

Item No.: M0630	Item Name: Psychiatric Nursing Services	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:

(M0630) Is this patient receiving **Psychiatric Nursing Services** at home provided by a qualified psychiatric nurse?

0 - No
 1 - Yes

2. Item Clarification:

Identifies whether the patient is receiving psychiatric nursing services at home as provided by a qualified psychiatric nurse. "Psychiatric nursing services" address mental/emotional needs; a "qualified psychiatric nurse" is so qualified through educational preparation or experience.

3. Rationale for Item:

To identify patients who have an acute need for psychiatric care, as indicated by provision of psychiatric nursing services.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 8 </u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0630	Psychiatric Nursing Services (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.98</u> Study 1 <u>0.99</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Suggestion has been made to delete item due to low performance. It is, however, an important factor for risk adjustment and care planning.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. While psychiatric nursing services are infrequent, the acute patient need for care is an important comorbidity. Consider expanding definition of psychiatric problems using diagnosis codes.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Activities of Daily Living (Functional Status)																												
Item No.: M0640	Item Name: Grooming	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge																										
<p>1. Precise Wording of Item:</p> <p>(M0640) Grooming: Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Prior</th> <th style="text-align: left; border-bottom: 1px solid black;">Current</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1 - Grooming utensils must be placed within reach before able to complete grooming activities.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2 - Someone must assist the patient to groom self.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3 - Patient depends entirely upon someone else for grooming needs.</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td>UK - Unknown</td> </tr> </tbody> </table>			Prior	Current		<input type="checkbox"/>	<input type="checkbox"/>	0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.	<input type="checkbox"/>	<input type="checkbox"/>	1 - Grooming utensils must be placed within reach before able to complete grooming activities.	<input type="checkbox"/>	<input type="checkbox"/>	2 - Someone must assist the patient to groom self.	<input type="checkbox"/>	<input type="checkbox"/>	3 - Patient depends entirely upon someone else for grooming needs.	<input type="checkbox"/>		UK - Unknown								
Prior	Current																											
<input type="checkbox"/>	<input type="checkbox"/>	0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.																										
<input type="checkbox"/>	<input type="checkbox"/>	1 - Grooming utensils must be placed within reach before able to complete grooming activities.																										
<input type="checkbox"/>	<input type="checkbox"/>	2 - Someone must assist the patient to groom self.																										
<input type="checkbox"/>	<input type="checkbox"/>	3 - Patient depends entirely upon someone else for grooming needs.																										
<input type="checkbox"/>		UK - Unknown																										
<p>2. Item Clarification:</p> <p>Identifies the patient's ability to tend to personal hygiene needs, excluding bathing. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u>. The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.</p>																												
<p>3. Rationale for Item:</p> <p>Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.</p>																												
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Home Health Agency Applications</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>CMS Applications</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Assessment</td> <td><input checked="" type="checkbox"/> Outcome measurement for outcome reporting</td> </tr> <tr> <td><input checked="" type="checkbox"/> Care planning</td> <td><input checked="" type="checkbox"/> Risk factor measurement for outcome reporting</td> </tr> <tr> <td><input checked="" type="checkbox"/> Quality improvement/outcome enhancement</td> <td>Number of risk adjustment models <u>14</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring</td> <td><input checked="" type="checkbox"/> Adverse event measurement for adverse event report</td> </tr> <tr> <td><input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring</td> <td><input type="checkbox"/> Case mix measurement for case mix profiling</td> </tr> <tr> <td><input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)</td> <td><input type="checkbox"/> Case mix adjustment for prospective payment system</td> </tr> <tr> <td><input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)</td> <td><input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</td> <td><input checked="" type="checkbox"/> Survey & certification use (planned)</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Program integrity (planned)</td> </tr> <tr> <td></td> <td><u>Other Applications Under Development</u></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Homebound status determination</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Medical necessity determination</td> </tr> </tbody> </table>			<u>Home Health Agency Applications</u>	<u>CMS Applications</u>	<input checked="" type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Outcome measurement for outcome reporting	<input checked="" type="checkbox"/> Care planning	<input checked="" type="checkbox"/> Risk factor measurement for outcome reporting	<input checked="" type="checkbox"/> Quality improvement/outcome enhancement	Number of risk adjustment models <u>14</u>	<input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring	<input checked="" type="checkbox"/> Adverse event measurement for adverse event report	<input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring	<input type="checkbox"/> Case mix measurement for case mix profiling	<input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)	<input type="checkbox"/> Case mix adjustment for prospective payment system	<input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)	<input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)	<input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<input checked="" type="checkbox"/> Survey & certification use (planned)		<input checked="" type="checkbox"/> Program integrity (planned)		<u>Other Applications Under Development</u>		<input type="checkbox"/> Homebound status determination		<input checked="" type="checkbox"/> Medical necessity determination
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	<u>Other Applications Under Development</u>																											
	<input type="checkbox"/> Homebound status determination																											
	<input checked="" type="checkbox"/> Medical necessity determination																											

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0640	Grooming (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.</p> <p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.72</u> Study 1 <u>0.63</u> Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</p> <p style="text-align: right;">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Activities of Daily Living (Functional Status)

Item No.: M0650	Item Name: Dressing Upper Body	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:

(M0650) Ability to Dress Upper Body (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:

<u>Prior</u>	<u>Current</u>	
<input type="checkbox"/>	<input type="checkbox"/>	0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
<input type="checkbox"/>	<input type="checkbox"/>	1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient.
<input type="checkbox"/>	<input type="checkbox"/>	2 - Someone must help the patient put on upper body clothing.
<input type="checkbox"/>	<input type="checkbox"/>	3 - Patient depends entirely upon another person to dress the upper body.
<input type="checkbox"/>		UK - Unknown

2. Item Clarification:

Identifies the patient's ability to dress upper body, including the ability to obtain, put on and remove upper body clothing. The prior column should describe the patient's ability 14 days prior to the start (or resumption) of care visit. The focus for today's assessment – the "current" column – is on what the patient is able to do today.

3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. Item Use/Application: Identifier (for data management/tracking)

<u>Home Health Agency Applications</u>	<u>CMS Applications</u>
<input checked="" type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Outcome measurement for outcome reporting
<input checked="" type="checkbox"/> Care planning	<input checked="" type="checkbox"/> Risk factor measurement for outcome reporting
<input checked="" type="checkbox"/> Quality improvement/outcome enhancement	Number of risk adjustment models <u>19</u>
<input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring	<input type="checkbox"/> Adverse event measurement for adverse event report
<input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring	<input checked="" type="checkbox"/> Case mix measurement for case mix profiling
<input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)	<input checked="" type="checkbox"/> Case mix adjustment for prospective payment system
<input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)	<input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)
<input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<input checked="" type="checkbox"/> Survey & certification use (planned)
	<input checked="" type="checkbox"/> Program integrity (planned)
	<u>Other Applications Under Development</u>
	<input checked="" type="checkbox"/> Homebound status determination
	<input checked="" type="checkbox"/> Medical necessity determination

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0650	Dressing Upper Body (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.	
1988-1989: Field testing of outcome measures.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.68</u> Study 1 <u>0.68</u> Study 2 <u>0.79</u> Study 3	
8. Perceived or Real Constraints/Limitations:	
It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Activities of Daily Living (Functional Status)				
Item No.: M0660	Item Name: Dressing Lower Body	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0660) Ability to Dress <u>Lower</u> Body (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:</p> <p>Prior Current</p> <p><input type="checkbox"/> <input type="checkbox"/> 0 - Able to obtain, put on, and remove clothing and shoes without assistance.</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.</p> <p><input type="checkbox"/> <input type="checkbox"/> 3 - Patient depends entirely upon another person to dress lower body.</p> <p><input type="checkbox"/> UK - Unknown</p>				
<p>2. Item Clarification:</p> <p>Identifies the patient's ability to dress lower body, including the ability to obtain, put on and remove lower body clothing. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u>. The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.</p>				
<p>3. Rationale for Item:</p> <p>Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width: 50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>12</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>12</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>12</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0660	Dressing Lowr Body (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.</p> <p>1988-1989: Field testing of outcome measures.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.78</u> Study 1 <u>0.71</u> Study 2 <u>0.83</u> Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</p> <p style="text-align: right;">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Activities of Daily Living (Functional Status)

Item No.: M0670	Item Name: Bathing	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:

(M0670) Bathing: Ability to wash entire body. **Excludes grooming (washing face and hands only).**

Prior Current

 0 - Able to bathe self in shower or tub independently.

 1 - With the use of devices, is able to bathe self in shower or tub independently.

 2 - Able to bathe in shower or tub with the assistance of another person:
 (a) for intermittent supervision or encouragement or reminders, OR
 (b) to get in and out of the shower or tub, OR
 (c) for washing difficult to reach areas.

 3 - Participates in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.

 4 - Unable to use the shower or tub and is bathed in bed or bedside chair.

 5 - Unable to effectively participate in bathing and is totally bathed by another person.

 UK - Unknown

2. Item Clarification:

Identifies the patient's ability to bathe entire body and the assistance which may be required to safely bathe in shower or tub. The prior column should describe the patient's ability 14 days prior to the start (or resumption) of care visit. The focus for today's assessment – the "current" column – is on what the patient is able to do today.

3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>20</u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0670	Bathing (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
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1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.77</u> Study 1 <u>0.68</u> Study 2 <u>0.65</u> Study 3	
8. Perceived or Real Constraints/Limitations:	
It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Activities of Daily Living (Functional Status)			
Item No.: M0680	Item Name: Toileting	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge	
1. Precise Wording of Item: (M0680) Toileting: Ability to get to and from the toilet or bedside commode. <u>Prior</u> <u>Current</u> <input type="checkbox"/> <input type="checkbox"/> 0 - Able to get to and from the toilet independently with or without a device. <input type="checkbox"/> <input type="checkbox"/> 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet. <input type="checkbox"/> <input type="checkbox"/> 2 - <u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance). <input type="checkbox"/> <input type="checkbox"/> 3 - <u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. <input type="checkbox"/> <input type="checkbox"/> 4 - Is totally dependent in toileting. <input type="checkbox"/> UK - Unknown			
2. Item Clarification: Identifies the patient's ability to <u>safely</u> get to and from the toilet or bedside commode. Excludes personal hygiene and management of clothing when toileting. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u> . The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.			
3. Rationale for Item: Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.			
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)			
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u> 25 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0680	Toileting (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.86</u> Study 1 <u>0.82</u> Study 2 <u>0.58</u> Study 3	
8. Perceived or Real Constraints/Limitations:	
It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Activities of Daily Living (Functional Status)				
Item No.: M0690	Item Name: Transferring	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0690) Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast.</p> <p>Prior Current</p> <p><input type="checkbox"/> <input type="checkbox"/> 0 - Able to independently transfer.</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 - Transfers with minimal human assistance or with use of an assistive device.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 - <u>Unable</u> to transfer self but is able to bear weight and pivot during the transfer process.</p> <p><input type="checkbox"/> <input type="checkbox"/> 3 - Unable to transfer self and is <u>unable</u> to bear weight or pivot when transferred by another person.</p> <p><input type="checkbox"/> <input type="checkbox"/> 4 - Bedfast, unable to transfer but is able to turn and position self in bed.</p> <p><input type="checkbox"/> <input type="checkbox"/> 5 - Bedfast, unable to transfer and is <u>unable</u> to turn and position self.</p> <p><input type="checkbox"/> UK - Unknown</p>				
<p>2. Item Clarification:</p> <p>Identifies the patient's ability to <u>safely</u> transfer in a variety of situations. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u>. The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.</p>				
<p>3. Rationale for Item:</p> <p>Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width: 50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting <li style="padding-left: 20px;">Number of risk adjustment models <u> 22 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting <li style="padding-left: 20px;">Number of risk adjustment models <u> 22 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting <li style="padding-left: 20px;">Number of risk adjustment models <u> 22 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

M0690	Transferring (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.79</u> Study 1 <u>0.76</u> Study 2 <u>0.63</u> Study 3	
8. Perceived or Real Constraints/Limitations:	
It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment. Three examples of transferring tasks are provided (bed-chair, on-off toilet/commode, into-out of tub/shower). This is perceived as a possible source of ambiguity and hence error.	
9. Additional Comments:	
Information also required by CMS on 485. OASIS assessment training video and workbook depict observational assessment for this item.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability. Explore clarification of example transferring tasks.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Activities of Daily Living (Functional Status)																															
Item No.: M0700	Item Name: Ambulation/Locomotion	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge																													
1. Precise Wording of Item: <p>(M0700) Ambulation/Locomotion: Ability to <u>SAFELY</u> walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.</p> <p><u>Prior</u> <u>Current</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">0</td> <td>- Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device).</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1</td> <td>- Requires use of a device (e.g., cane, walker) to walk alone <u>or</u> requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2</td> <td>- Able to walk only with the supervision or assistance of another person at all times.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3</td> <td>- Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4</td> <td>- Chairfast, unable to ambulate and is <u>unable</u> to wheel self.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5</td> <td>- Bedfast, unable to ambulate or be up in a chair.</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td>UK</td> <td>- Unknown</td> </tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	0	- Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device).	<input type="checkbox"/>	<input type="checkbox"/>	1	- Requires use of a device (e.g., cane, walker) to walk alone <u>or</u> requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	2	- Able to walk only with the supervision or assistance of another person at all times.	<input type="checkbox"/>	<input type="checkbox"/>	3	- Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.	<input type="checkbox"/>	<input type="checkbox"/>	4	- Chairfast, unable to ambulate and is <u>unable</u> to wheel self.	<input type="checkbox"/>	<input type="checkbox"/>	5	- Bedfast, unable to ambulate or be up in a chair.	<input type="checkbox"/>		UK	- Unknown
<input type="checkbox"/>	<input type="checkbox"/>	0	- Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device).																												
<input type="checkbox"/>	<input type="checkbox"/>	1	- Requires use of a device (e.g., cane, walker) to walk alone <u>or</u> requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.																												
<input type="checkbox"/>	<input type="checkbox"/>	2	- Able to walk only with the supervision or assistance of another person at all times.																												
<input type="checkbox"/>	<input type="checkbox"/>	3	- Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.																												
<input type="checkbox"/>	<input type="checkbox"/>	4	- Chairfast, unable to ambulate and is <u>unable</u> to wheel self.																												
<input type="checkbox"/>	<input type="checkbox"/>	5	- Bedfast, unable to ambulate or be up in a chair.																												
<input type="checkbox"/>		UK	- Unknown																												
2. Item Clarification: <p>Identifies the patient's ability and the type of assistance required to <u>safely</u> ambulate or propel self in a wheelchair over a variety of surfaces. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u>. The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.</p>																															
3. Rationale for Item: <p>Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.</p>																															
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)																															
<u>Home Health Agency Applications</u> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<u>CMS Applications</u> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>27</u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <u>Other Applications Under Development</u> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination																													

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0700	Ambulation/Locomotion (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.</p> <p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.87</u> Study 1 <u>0.77</u> Study 2 <u>0.72</u> Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment. Lack of differentiation between walker and cane assisted ambulation has been raised as an issue. The reliability and importance of differentiating between these two levels may warrant further study.</p>	
<p>9. Additional Comments:</p> <p>Information also required by CMS on 485. OASIS assessment training video and workbook depict observational assessment for this item.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</p> <p style="text-align: right;">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Activities of Daily Living (Functional Status)																																			
Item No.: M0710	Item Name: Feeding or Eating	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge																																	
1. Precise Wording of Item:																																			
<p>(M0710) Feeding or Eating: Ability to feed self meals and snacks. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.</p>																																			
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 5%;">Prior</th> <th style="text-align: left; width: 5%;">Current</th> <th style="width: 5%;"></th> <th style="width: 85%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="text-align: center;">0</td> <td>- Able to independently feed self.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td>- Able to feed self independently but requires: (a) meal set-up; <u>OR</u> (b) intermittent assistance or supervision from another person; <u>OR</u> (c) a liquid, pureed or ground meat diet.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>- <u>Unable</u> to feed self and must be assisted or supervised throughout the meal/snack.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="text-align: center;">3</td> <td>- Able to take in nutrients orally <u>and</u> receives supplemental nutrients through a nasogastric tube or gastrostomy.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="text-align: center;">4</td> <td>- <u>Unable</u> to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="text-align: center;">5</td> <td>- <u>Unable</u> to take in nutrients orally or by tube feeding.</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td style="text-align: center;">UK</td> <td>- Unknown</td> </tr> </tbody> </table>				Prior	Current			<input type="checkbox"/>	<input type="checkbox"/>	0	- Able to independently feed self.	<input type="checkbox"/>	<input type="checkbox"/>	1	- Able to feed self independently but requires: (a) meal set-up; <u>OR</u> (b) intermittent assistance or supervision from another person; <u>OR</u> (c) a liquid, pureed or ground meat diet.	<input type="checkbox"/>	<input type="checkbox"/>	2	- <u>Unable</u> to feed self and must be assisted or supervised throughout the meal/snack.	<input type="checkbox"/>	<input type="checkbox"/>	3	- Able to take in nutrients orally <u>and</u> receives supplemental nutrients through a nasogastric tube or gastrostomy.	<input type="checkbox"/>	<input type="checkbox"/>	4	- <u>Unable</u> to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.	<input type="checkbox"/>	<input type="checkbox"/>	5	- <u>Unable</u> to take in nutrients orally or by tube feeding.	<input type="checkbox"/>		UK	- Unknown
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<input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring	<input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)	<input checked="" type="checkbox"/> Case mix measurement for case mix profiling	<input type="checkbox"/> Case mix adjustment for prospective payment system																																
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OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0710	Feeding or Eating (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Reviewed and endorsed as essential for a core comprehensive assessment by a home health industry workgroup. Modifications to proposed item suggested and incorporated.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.89</u> Study 1 <u>0.48</u> Study 2 <u>0.62</u> Study 3	
8. Perceived or Real Constraints/Limitations:	
It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.	
9. Additional Comments:	
OASIS assessment training video and workbook depict assessment strategies for this item.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Instrumental Activities of Daily Living (Functional Status)					
Item No.: M0720	Item Name: Planning and Preparing Light Meals	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge			
<p>1. Precise Wording of Item:</p> <p>(M0720) Planning and Preparing Light Meals (e.g., cereal, sandwich) or reheat delivered meals:</p> <p>Prior Current</p> <p><input type="checkbox"/> <input type="checkbox"/> 0 - (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; <u>OR</u> (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission).</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 - <u>Unable</u> to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 - Unable to prepare any light meals or reheat any delivered meals.</p> <p><input type="checkbox"/> UK - Unknown</p>					
<p>2. Item Clarification:</p> <p>Identifies the patient's physical, cognitive and mental ability to plan and prepare meals, even if the patient does not routinely perform this task. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u>. The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.</p>					
<p>3. Rationale for Item:</p> <p>Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.</p>					
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>20</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>				<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>20</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0720	Planning and Preparing Light Meals (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.</p> <p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items. Item revised.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.71</u> Study 1 <u>0.58</u> Study 2 <u>0.77</u> Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.</p>	
<p>9. Additional Comments:</p> <p>OASIS assessment training video and workbook depict assessment strategies for this item.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</p> <p style="text-align: right;">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Instrumental Activities of Daily Living (Functional Status)				
Item No.: M0730	Item Name: Transportation	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0730) Transportation: Physical and mental ability to <u>safely</u> use a car, taxi, or public transportation (bus, train, subway).</p> <p>Prior <u>Current</u></p> <p><input type="checkbox"/> <input type="checkbox"/> 0 - Able to independently drive a regular or adapted car; <u>OR</u> uses a regular or handicap-accessible public bus.</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 - Able to ride in a car only when driven by another person; <u>OR</u> able to use a bus or handicap van only when assisted or accompanied by another person.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 - <u>Unable</u> to ride in a car, taxi, bus, or van, and requires transportation by ambulance.</p> <p><input type="checkbox"/> UK - Unknown</p>				
<p>2. Item Clarification:</p> <p>Identifies the patient's physical and mental ability to safely use a car, taxi or public transportation. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u>. The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.</p>				
<p>3. Rationale for Item:</p> <p>Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>25</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>25</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>25</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination 			

M0730	Transportation (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.63</u> Study 1 <u>0.52</u> Study 2 <u>0.80</u> Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</p> <p style="text-align: right;">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Instrumental Activities of Daily Living (Functional Status)				
Item No.: M0740	Item Name: Laundry	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0740) Laundry: Ability to do own laundry -- to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.</p> <p>Prior Current</p> <p><input type="checkbox"/> <input type="checkbox"/> 0 - (a) Able to independently take care of all laundry tasks; <u>OR</u> (b) Physically, cognitively, and mentally able to do laundry and access facilities, <u>but</u> has not routinely performed laundry tasks in the past (i.e., prior to this home care admission).</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 - Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 - <u>Unable</u> to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.</p> <p><input type="checkbox"/> UK - Unknown</p>				
<p>2. Item Clarification:</p> <p>Identifies the patient's physical, cognitive, and mental ability to do laundry, even if the patient does not routinely perform this task. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u>. The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.</p>				
<p>3. Rationale for Item:</p> <p>Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. IADLs are of particular relevance for the home care patient, as they address activities associated with independent living necessary to support the ADLs. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>22</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>22</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>22</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0740	Laundry (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.</p> <p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items. Item revised.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.64</u> Study 1 <u>0.48</u> Study 2 <u>0.76</u> Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</p> <p style="text-align: right;">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0750	Housekeeping (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items. Item revised.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.54</u> Study 1 <u>0.50</u> Study 2 <u>0.70</u> Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.</p> <p align="right">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

M0760	Shopping (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.	
Reliability/validity testing of outcome measures and data items. Item revised.	
1994-1995: Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.65</u> Study 1 <u>0.50</u> Study 2 <u>0.64</u> Study 3	
8. Perceived or Real Constraints/Limitations:	
It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Instrumental Activities of Daily Living (Functional Status)																																							
Item No.: M0770	Item Name: Ability to Use Telephone	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge																																					
1. Precise Wording of Item:																																							
(M0770) Ability to Use Telephone: Ability to answer the phone, dial numbers, and <u>effectively</u> use the telephone to communicate.																																							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><u>Prior</u></td> <td style="width:10%;"><u>Current</u></td> <td style="width:10%;"></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>0</td> <td>- Able to dial numbers and answer calls appropriately and as desired.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1</td> <td>- Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2</td> <td>- Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3</td> <td>- Able to answer the telephone only some of the time or is able to carry on only a limited conversation.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4</td> <td>- <u>Unable</u> to answer the telephone at all but can listen if assisted with equipment.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5</td> <td>- Totally unable to use the telephone.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NA</td> <td>- Patient does not have a telephone.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>UK</td> <td>- Unknown</td> </tr> </table>				<u>Prior</u>	<u>Current</u>			<input type="checkbox"/>	<input type="checkbox"/>	0	- Able to dial numbers and answer calls appropriately and as desired.	<input type="checkbox"/>	<input type="checkbox"/>	1	- Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers.	<input type="checkbox"/>	<input type="checkbox"/>	2	- Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls.	<input type="checkbox"/>	<input type="checkbox"/>	3	- Able to answer the telephone only some of the time or is able to carry on only a limited conversation.	<input type="checkbox"/>	<input type="checkbox"/>	4	- <u>Unable</u> to answer the telephone at all but can listen if assisted with equipment.	<input type="checkbox"/>	<input type="checkbox"/>	5	- Totally unable to use the telephone.	<input type="checkbox"/>	<input type="checkbox"/>	NA	- Patient does not have a telephone.	<input type="checkbox"/>	<input type="checkbox"/>	UK	- Unknown
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2. Item Clarification:																																							
Identifies the ability of the patient to answer the phone, dial number, and effectively use the telephone to communicate. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u> . The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.																																							
3. Rationale for Item:																																							
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<input checked="" type="checkbox"/> Outcome measurement for outcome reporting	<input checked="" type="checkbox"/> Risk factor measurement for outcome reporting	Number of risk adjustment models <u>27</u>																																					
<input type="checkbox"/> Adverse event measurement for adverse event report	<input checked="" type="checkbox"/> Case mix measurement for case mix profiling	<input type="checkbox"/> Case mix adjustment for prospective payment system	<input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)																																				
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<input type="checkbox"/> Homebound status determination	<input type="checkbox"/> Medical necessity determination																																						

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0770	Ability to Use Telephone (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.73</u> Study 1 <u>0.71</u> Study 2 <u>0.65</u> Study 3	
8. Perceived or Real Constraints/Limitations:	
It has been suggested that functional status 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current functional status. However, the identification of chronic functional limitations is important for care planning (e.g., establishing rehabilitation expectations) as well as risk adjustment.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Management of Medications				
Item No.: M0780	Item Name: Management of Oral Medications	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0780) Management of Oral Medications: <u>Patient's ability</u> to prepare and take <u>all</u> prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)</p> <p>Prior Current</p> <p><input type="checkbox"/> <input type="checkbox"/> 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 - Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; <u>OR</u> (b) given daily reminders; <u>OR</u> (c) someone develops a drug diary or chart.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 - <u>Unable</u> to take medication unless administered by someone else.</p> <p><input type="checkbox"/> <input type="checkbox"/> NA - No oral medications prescribed.</p> <p><input type="checkbox"/> UK - Unknown</p>				
<p>2. Item Clarification:</p> <p>Identifies the patient's ability to prepare and take oral medications reliably and safely and the type of assistance required to administer the correct dosage at the appropriate times/intervals. The focus is on what the patient is able to do, not on the patient's compliance or willingness. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u>. The focus for today's assessment - the "current" column is on what the patient is <u>able</u> to do today.</p>				
<p>3. Rationale for Item:</p> <p>Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>33</u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>33</u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>33</u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0780	Management of Oral Medications (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.82</u> Study 1 <u>0.63</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
It has been suggested that management of medications 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current management of medications. However, the identification of chronic medication management problems is important for care planning as well as risk adjustment.	
9. Additional Comments:	
Similar information required to complete the 485.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain both current and prior status for this item. Explore replacing the "prior" status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Management of Medications				
Item No.: M0790	Item Name: Management of Inhalant/Mist Medications	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0790) Management of Inhalant/Mist Medications: <u>Patient's ability</u> to prepare and take <u>all</u> prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <u>Excludes all other forms of medication (oral tablets, injectable and IV medications).</u></p> <p>Prior Current</p> <p><input type="checkbox"/> <input type="checkbox"/> 0 - Able to independently take the correct medication and proper dosage at the correct times.</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 - Able to take medication at the correct times if: (a) individual dosages are prepared in advance by another person, <u>OR</u> (b) given daily reminders.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 - <u>Unable</u> to take medication unless administered by someone else.</p> <p><input type="checkbox"/> <input type="checkbox"/> NA - No inhalant/mist medications prescribed.</p> <p><input type="checkbox"/> UK - Unknown</p>				
<p>2. Item Clarification:</p> <p>Identifies the patient's ability to prepare and take all prescribed inhalant/mist medication reliably and safely and the type of assistance required to administer the current dosage at the appropriate times/intervals. The focus is on what the patient is able to do, not on the patient's compliance or willingness. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u>. The focus for today's assessment - the "current" column is on what the patient is <u>able</u> to do today.</p>				
<p>3. Rationale for Item:</p> <p>Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width: 50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>14</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>14</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>14</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

M0790	Management of Inhalant/Mist Medications (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1997-1998: Reliability testing.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input checked="" type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): <u>0.91</u> Study 1 <u>0.52</u> Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>It has been suggested that management of medications 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current management of medications. However, the identification of chronic medication management problems is important for care planning as well as risk adjustment.</p>	
<p>9. Additional Comments:</p> <p>Similar information required to complete the 485. A less-prevalent route for administration, thus patient often needs more teaching in correct administration methods.</p>	
<p>10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain both current and prior status for this item. Explore replacing the "prior" status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.</p> <p style="text-align: right;">Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u></p>	

Item Category: Management of Medications

Item No.: M0800	Item Name: Management of Injectable Medications	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:

(M0800) Management of Injectable Medications: Patient's ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. **Excludes IV medications.**

Prior Current

 0 - Able to independently take the correct medication and proper dosage at the correct times.

 1 - Able to take injectable medication at correct times if:
 (a) individual syringes are prepared in advance by another person, OR
 (b) given daily reminders.

 2 - Unable to take injectable medications unless administered by someone else.

 NA - No injectable medications prescribed.

 UK - Unknown

2. Item Clarification:

Identifies the patient's ability to prepare and take all injectable medications reliably and safely and the type of assistance required to administer the correct dosage at the appropriate time/intervals. The focus is on what the patient is able to do, not on the patient's compliance or willingness. The prior column should describe the patient's ability 14 days prior to the start (or resumption) of care visit. The focus for today's assessment - the "current" column is on what the patient is able to do today.

3. Rationale for Item:

Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life. The time interval of 14 days (for prior status) is based on clinical panel recommendation. Early home care industry input had suggested 21 days as an appropriate interval; empirical testing established 14 days as a better predictor.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models <u>14</u> <input type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0800	Management of Injectable Medications (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.91</u> Study 1 <u>0.53</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
It has been suggested that management of medications 14 days prior to start/resumption of care should be omitted due to concerns about unreliability. It is true that prior status, because assessment is dependent on patient report, is less reliable than current management of medications. However, the identification of chronic medication management problems is important for care planning as well as risk adjustment.	
9. Additional Comments:	
Similar information required to complete the 485. A less-prevalent route for administration, thus patient often needs more teaching in correct administration methods.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain both current and prior status for this item. Explore replacing the "prior" status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Equipment Management				
Item No.: M0810	Item Name: Patient Management of Equipment	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0810) Patient Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies): <u>Patient's ability</u> to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - Patient manages all tasks related to equipment completely independently. <input type="checkbox"/> 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment. <input type="checkbox"/> 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task. <input type="checkbox"/> 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment. <input type="checkbox"/> 4 - Patient is completely dependent on someone else to manage all equipment. <input type="checkbox"/> NA - No equipment of this type used in care [If NA, go to M0825] * <p>* At discharge, change M0825 to M0830.</p>				
<p>2. Item Clarification:</p> <p>Identifies the patient's ability to set up, monitor and change equipment reliably and safely, and the amount of assistance required from another person. The focus is on what the patient is able to do, not on compliance or willingness.</p>				
<p>3. Rationale for Item:</p> <p>Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0810	Patient Management of Equipment (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Item revised. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.87</u> Study 1 <u>0.74</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input checked="" type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore enhancing applicability by adding other types of equipment (e.g., peritoneal dialysis, etc.).	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Equipment Management				
Item No.: M0820	Item Name: Caregiver Management of Equipment	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0820) Caregiver Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): <u>Caregiver's ability</u> to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - Caregiver manages all tasks related to equipment completely independently. <input type="checkbox"/> 1 - If someone else sets up equipment, caregiver is able to manage all other aspects. <input type="checkbox"/> 2 - Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of task. <input type="checkbox"/> 3 - Caregiver is only able to complete small portions of task (e.g., administer nebulizer treatment, clean/store/dispose of equipment or supplies). <input type="checkbox"/> 4 - Caregiver is completely dependent on someone else to manage all equipment. <input type="checkbox"/> NA - No caregiver <input type="checkbox"/> UK - Unknown * <p>* At follow-up and discharge, omit "UK - Unknown."</p>				
<p>2. Item Clarification:</p> <p>Identifies the <u>caregiver's</u> ability to set up, monitor and change equipment reliably and safely. The focus is on what the caregiver is able to do, not on compliance or willingness. "Caregiver" is defined in M0360.</p>				
<p>3. Rationale for Item:</p> <p>Crucial to assessing whether the patient can function safely in the home and what services, equipment, or therapies are needed to meet the patient's daily needs within the home environment. Maintaining and improving functional status are important components of quality of life.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homebound status determination <input checked="" type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0820	Caregiver Management of Equipment (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1988-1989: Field testing of outcome measures. Item revised.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items. Reliability/validity testing of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach. Item revised. Reliability/validity testing of outcome measures and data items.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): <u>0.89</u> Study 1 <u>0.29</u> Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input checked="" type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. Explore enhancing applicability by adding other types of equipment (e.g., peritoneal dialysis, etc.).	
Date Recorded: <u>02</u> / <u>01</u> / <u>2002</u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Therapy Need				
Item No.: M0825	Item Name: Therapy Need	Time Points: <input checked="" type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0825) Therapy Need: Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group?</p> <p> <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> NA - Not Applicable </p>				
<p>2. Item Clarification:</p> <p>Identifies whether patient's care plan indicates need for high-therapy use. Threshold for the Medicare high-therapy case mix group is currently 10 visits over a payment period.</p>				
<p>3. Rationale for Item:</p> <p>Added to OASIS solely for payment adjustment due to the substantial resource needs associated with the provision of therapy services.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> <p><u>Home Health Agency Applications</u></p> <p> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </p> </td> <td style="width:50%; vertical-align:top;"> <p><u>CMS Applications</u></p> <p> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) </p> <p><u>Other Applications Under Development</u></p> <p> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </p> </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <p> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </p>	<p><u>CMS Applications</u></p> <p> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) </p> <p><u>Other Applications Under Development</u></p> <p> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </p>
<p><u>Home Health Agency Applications</u></p> <p> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </p>	<p><u>CMS Applications</u></p> <p> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) </p> <p><u>Other Applications Under Development</u></p> <p> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </p>			

M0825	Therapy Need (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
2000: New for PPS implementation.	
6. Validity:	
<input type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input type="checkbox"/> Validation by patient assessment and care planning <input type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Item wording purposefully does not specify the current therapy threshold for payment adjustment to accommodate potential future changes in the threshold. As a result, there is some confusion on the part of those collecting the data. There is also confusion regarding when to use the "not applicable" response.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain for payment adjustment. Explore ways to more effectively instruct agencies and clinicians on correct interpretation of item.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Emergent Care Utilization

Item No.: M0830	Item Name: Emergent Care	Time Points: <input type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:

(M0830) Emergent Care: Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? **(Mark all that apply.)**

- 0 - No emergent care services [**If no emergent care, skip M0840**]*
- 1 - Hospital emergency room (includes 23-hour holding)
- 2 - Doctor's office emergency visit/house call
- 3 - Outpatient department/clinic emergency (includes urgicenter sites)
- UK - Unknown [**If UK, skip M0840**]*

* At transfer or discharge, go to M0855.

2. Item Clarification:

Identifies whether the patient received an unscheduled visit to any (emergent) medical services other than home care agency services. Emergent care includes all unscheduled visits to such medical services. A "prn" agency visit is not considered emergent care.

3. Rationale for Item:

Tracking "utilization outcomes" as proxies for decline in patient health status is a key component of outcome monitoring. Emergent care utilization contributes to adverse event outcome reports as well as to risk-adjusted outcome reports.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment at follow-up points <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE (for OASIS Version B1 8/2000)
 Item-Specific Record

Form No. OC:1-02.02

M0830	Emergent Care (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
<p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.</p> <p>1988-1989: Field testing of outcome measures.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.</p> <p style="padding-left: 40px;">Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input checked="" type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability:	
<input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Variable time interval ("since the last time OASIS data were collected...") may result in some errors due to faulty recall. If this occurs, it would likely result most often in under-reporting rather than double counting or over-reporting.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item:	
<input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain for outcome reporting. This item is essential for outcome and adverse event measurement. Consider potential refinement through reliability analyses.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Emergent Care Utilization		
Item No.: M0840	Item Name: Emergent Care Reason	Time Points: <input type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge
1. Precise Wording of Item: (M0840) Emergent Care Reason: For what reason(s) did the patient/family seek emergent care? (Mark all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis <input type="checkbox"/> 2 - Nausea, dehydration, malnutrition, constipation, impaction <input type="checkbox"/> 3 - Injury caused by fall or accident at home <input type="checkbox"/> 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction) <input type="checkbox"/> 5 - Wound infection, deteriorating wound status, new lesion/ulcer <input type="checkbox"/> 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain) <input type="checkbox"/> 7 - Hypo/Hyperglycemia, diabetes out of control <input type="checkbox"/> 8 - GI bleeding, obstruction <input type="checkbox"/> 9 - Other than above reasons <input type="checkbox"/> UK - Reason unknown 		
2. Item Clarification: Identifies the reasons for which the patient/family sought emergent care.		
3. Rationale for Item: Tracking reason for emergent care is used to identify adverse events which may indicate poor care.		
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)		
<u>Home Health Agency Applications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 		<u>CMS Applications</u> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned)
		<u>Other Applications Under Development</u> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0840	Emergent Care Reason (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.	
1988-1989: Field testing of outcome measures.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.	
Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input checked="" type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input checked="" type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
Reason for emergent care may be difficult to obtain, but good quality care includes monitoring the patient's health, so it should be routine.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain. This item is essential for adverse event outcome measurement. Consider potential refinement through reliability analyses.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Discharge or Transfer to Inpatient Facility Status			
Item No.: M0855	Item Name: Inpatient Facility Admission	Time Points:	
		<input type="checkbox"/> Start or Resumption of Care	<input type="checkbox"/> Follow-Up
		<input checked="" type="checkbox"/> Transfer to Inpatient Facility	<input checked="" type="checkbox"/> Discharge
1. Precise Wording of Item:			
<p>(M0855) To which Inpatient Facility has the patient been admitted?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Hospital [Go to M0890] <input type="checkbox"/> 2 - Rehabilitation facility [Go to M0903] <input type="checkbox"/> 3 - Nursing home [Go to M0900] <input type="checkbox"/> 4 - Hospice [Go to M0903] <input type="checkbox"/> NA - No inpatient facility admission * <p>* At inpatient transfer, omit "NA."</p>			
2. Item Clarification:			
Identifies the type of inpatient facility to which the patient was admitted. Any inpatient admission of 24 hours or more (for reasons other than diagnostic tests), which occurs while the patient is on service with the home health agency is reported. When the patient is transferred to an inpatient facility, the agency may or may not discharge the patient depending upon agency policy.			
3. Rationale for Item:			
Utilization outcomes, such as hospitalization, are important markers of change in patient health status, as well as impacting health care costs.			
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)			
<u>Home Health Agency Applications</u>		<u>CMS Applications</u>	
<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Quality improvement/outcome enhancement	<input checked="" type="checkbox"/> Outcome measurement for outcome reporting	<input type="checkbox"/> Risk factor measurement for outcome reporting
<input type="checkbox"/> Care planning	<input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring	<input type="checkbox"/> Case mix measurement for case mix profiling	Number of risk adjustment models _____
<input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring	<input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)	<input type="checkbox"/> Case mix adjustment for prospective payment system	<input checked="" type="checkbox"/> Adverse event measurement for adverse event report
<input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)	<input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)	<input type="checkbox"/> Case mix adjustment for prospective payment system
		<input checked="" type="checkbox"/> Survey & certification use (planned)	<input checked="" type="checkbox"/> Program integrity (planned)
		<u>Other Applications Under Development</u>	
		<input type="checkbox"/> Homebound status determination	<input type="checkbox"/> Medical necessity determination

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0855	Inpatient Facility Admission (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	
1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.	
1988-1989: Field testing of outcome measures.	
1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.	
1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.	
1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.	
1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.	
Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.	
1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.	
1997-1998: Reliability testing.	
1999-2000: Initial intensive OMB review with subsequent 6-month reviews.	
6. Validity:	
<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement	
<input type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning	
<input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement	
<input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment	
<input type="checkbox"/> Validation by patient assessment and care planning	
<input checked="" type="checkbox"/> Validation by outcome enhancement	
7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated	
Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3	
8. Perceived or Real Constraints/Limitations:	
None.	
9. Additional Comments:	
None.	
10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal	
11. Recommendation for Retention or Change:	
Retain for outcome reporting. Consider potential refinement through reliability analyses.	
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Discharge or Transfer to Inpatient Facility Status				
Item No.: M0870	Item Name: Discharge Disposition	Time Points: <input type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0870) Discharge Disposition: Where is the patient after discharge from your agency? (Choose only one answer.)</p> <p><input type="checkbox"/> 1 - Patient remained in the community (not in hospital, nursing home, or rehab facility)</p> <p><input type="checkbox"/> 2 - Patient transferred to a noninstitutional hospice [Go to M0903]</p> <p><input type="checkbox"/> 3 - Unknown because patient moved to a geographic location not served by this agency [Go to M0903]</p> <p><input type="checkbox"/> UK - Other unknown [Go to M0903]</p>				
<p>2. Item Clarification:</p> <p>Identifies where the patient resides after discharge from the home health agency.</p>				
<p>3. Rationale for Item:</p> <p>For discharges other than to an inpatient facility, discharge disposition is an important outcome indicator. Inappropriate discharges to home (without supportive assistance and with unmet needs) are tracked as adverse events.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Care planning</p> <p><input checked="" type="checkbox"/> Quality improvement/outcome enhancement</p> <p><input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring</p> <p><input type="checkbox"/> Utilization/cost/resource consumption monitoring</p> <p><input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)</p> <p><input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)</p> <p><input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <p><input checked="" type="checkbox"/> Outcome measurement for outcome reporting</p> <p><input type="checkbox"/> Risk factor measurement for outcome reporting</p> <p style="padding-left: 20px;">Number of risk adjustment models _____</p> <p><input checked="" type="checkbox"/> Adverse event measurement for adverse event report</p> <p><input type="checkbox"/> Case mix measurement for case mix profiling</p> <p><input type="checkbox"/> Case mix adjustment for prospective payment system</p> <p><input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)</p> <p><input checked="" type="checkbox"/> Survey & certification use (planned)</p> <p><input checked="" type="checkbox"/> Program integrity (planned)</p> <p><u>Other Applications Under Development</u></p> <p><input type="checkbox"/> Homebound status determination</p> <p><input type="checkbox"/> Medical necessity determination</p> </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Care planning</p> <p><input checked="" type="checkbox"/> Quality improvement/outcome enhancement</p> <p><input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring</p> <p><input type="checkbox"/> Utilization/cost/resource consumption monitoring</p> <p><input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)</p> <p><input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)</p> <p><input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</p>	<p><u>CMS Applications</u></p> <p><input checked="" type="checkbox"/> Outcome measurement for outcome reporting</p> <p><input type="checkbox"/> Risk factor measurement for outcome reporting</p> <p style="padding-left: 20px;">Number of risk adjustment models _____</p> <p><input checked="" type="checkbox"/> Adverse event measurement for adverse event report</p> <p><input type="checkbox"/> Case mix measurement for case mix profiling</p> <p><input type="checkbox"/> Case mix adjustment for prospective payment system</p> <p><input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)</p> <p><input checked="" type="checkbox"/> Survey & certification use (planned)</p> <p><input checked="" type="checkbox"/> Program integrity (planned)</p> <p><u>Other Applications Under Development</u></p> <p><input type="checkbox"/> Homebound status determination</p> <p><input type="checkbox"/> Medical necessity determination</p>
<p><u>Home Health Agency Applications</u></p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Care planning</p> <p><input checked="" type="checkbox"/> Quality improvement/outcome enhancement</p> <p><input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring</p> <p><input type="checkbox"/> Utilization/cost/resource consumption monitoring</p> <p><input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)</p> <p><input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)</p> <p><input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)</p>	<p><u>CMS Applications</u></p> <p><input checked="" type="checkbox"/> Outcome measurement for outcome reporting</p> <p><input type="checkbox"/> Risk factor measurement for outcome reporting</p> <p style="padding-left: 20px;">Number of risk adjustment models _____</p> <p><input checked="" type="checkbox"/> Adverse event measurement for adverse event report</p> <p><input type="checkbox"/> Case mix measurement for case mix profiling</p> <p><input type="checkbox"/> Case mix adjustment for prospective payment system</p> <p><input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned)</p> <p><input checked="" type="checkbox"/> Survey & certification use (planned)</p> <p><input checked="" type="checkbox"/> Program integrity (planned)</p> <p><u>Other Applications Under Development</u></p> <p><input type="checkbox"/> Homebound status determination</p> <p><input type="checkbox"/> Medical necessity determination</p>			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0870 Discharge Disposition (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

- 1988-1989: Field testing of outcome measures. Item revised.
- 1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.
- 1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.
- 1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies. Item revised.
- 1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.
- 1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

None.

9. Additional Comments:

None.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Retain for outcome reporting. Consider potential refinement through reliability analyses.

Date Recorded: ___02___ / ___01___ / ___2002___

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Discharge or Transfer to Inpatient Facility Status				
Item No.: M0880	Item Name: Services or Assistance Received After Discharge	Time Points: <input type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Follow-Up <input type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0880) After discharge, does the patient receive health, personal, or support Services or Assistance? (Mark all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - No assistance or services received <input type="checkbox"/> 2 - Yes, assistance or services provided by family or friends <input type="checkbox"/> 3 - Yes, assistance or services provided by other community resources (e.g., meals-on-wheels, home health services, homemaker assistance, transportation assistance, assisted living, board and care) 				
<p>2. Item Clarification:</p> <p>Identifies services or assistance a patient receives after discharge from the home health agency.</p>				
<p>3. Rationale for Item:</p> <p>Tracking of services provided after home health agency discharge is important to detect/rule out inappropriate discharges with unmet needs.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0880****Services or Assistance Received After Discharge (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

1997-1998: Reliability testing.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

None.

9. Additional Comments:

None.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Retain for care monitoring. Consider potential refinement through reliability analyses.

Date Recorded: ___02___ / ___01___ / ___2002___

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Discharge or Transfer to Inpatient Facility Status				
Item No.: M0890	Item Name: Hospital Reason (Emergent/Urgent/Elective)	Time Points: <input type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0890) If the patient was admitted to an acute care Hospital, for what Reason was he/she admitted?</p> <p> <input type="checkbox"/> 1 - Hospitalization for <u>emergent</u> (unscheduled) care <input type="checkbox"/> 2 - Hospitalization for <u>urgent</u> (scheduled within 24 hours of admission) care <input type="checkbox"/> 3 - Hospitalization for <u>elective</u> (scheduled more than 24 hours before admission) care <input type="checkbox"/> UK - Unknown </p>				
<p>2. Item Clarification:</p> <p>Identifies the urgency of the hospital admission.</p>				
<p>3. Rationale for Item:</p> <p>Tracking of urgency of hospital admission can be used to screen cases for review of the care that resulted in hospitalization. A planned (elective) hospitalization may indicate a less serious or sudden decline in patient health.</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <p> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </p> </td> <td style="vertical-align: top;"> <p><u>CMS Applications</u></p> <p> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) </p> <p><u>Other Applications Under Development</u></p> <p> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </p> </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <p> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </p>	<p><u>CMS Applications</u></p> <p> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) </p> <p><u>Other Applications Under Development</u></p> <p> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </p>
<p><u>Home Health Agency Applications</u></p> <p> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </p>	<p><u>CMS Applications</u></p> <p> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input type="checkbox"/> Program integrity (planned) </p> <p><u>Other Applications Under Development</u></p> <p> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </p>			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0890	Hospital Reason (Emergent/Urgent/Elective) (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1988-1989: Field testing of outcome measures.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.</p> <p style="padding-left: 40px;">Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>Critical for agencies to use in evaluating care provision.</p>	
<p>9. Additional Comments:</p> <p>None.</p>	
<p>10. Overall Necessity of Item: <input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain for care monitoring. Consider potential refinement through reliability analyses.</p>	
<p>Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u></p>	

OASIS CHRONICLE (for OASIS Version B1 8/2000)
Item-Specific Record

Form No. OC:1-02.02

Item Category: Discharge or Transfer to Inpatient Facility Status			
Item No.: M0895	Item Name: Reason for Hospitalization	Time Points:	
		<input type="checkbox"/> Start or Resumption of Care	<input type="checkbox"/> Follow-Up
		<input checked="" type="checkbox"/> Transfer to Inpatient Facility	<input type="checkbox"/> Discharge
1. Precise Wording of Item:			
(M0895) Reason for Hospitalization: (Mark all that apply.)			
<input type="checkbox"/> 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis <input type="checkbox"/> 2 - Injury caused by fall or accident at home <input type="checkbox"/> 3 - Respiratory problems (SOB, infection, obstruction) <input type="checkbox"/> 4 - Wound or tube site infection, deteriorating wound status, new lesion/ulcer <input type="checkbox"/> 5 - Hypo/Hyperglycemia, diabetes out of control <input type="checkbox"/> 6 - GI bleeding, obstruction <input type="checkbox"/> 7 - Exacerbation of CHF, fluid overload, heart failure <input type="checkbox"/> 8 - Myocardial infarction, stroke <input type="checkbox"/> 9 - Chemotherapy <input type="checkbox"/> 10 - Scheduled surgical procedure <input type="checkbox"/> 11 - Urinary tract infection <input type="checkbox"/> 12 - IV catheter-related infection <input type="checkbox"/> 13 - Deep vein thrombosis, pulmonary embolus <input type="checkbox"/> 14 - Uncontrolled pain <input type="checkbox"/> 15 - Psychotic episode <input type="checkbox"/> 16 - Other than above reasons			
2. Item Clarification:			
Identifies the specific condition(s) necessitating hospitalization.			
3. Rationale for Item:			
Used to track patient health problems, medication errors, etc. resulting in hospitalization; for use in future adverse event or risk-adjusted outcome reports and for process-of-care investigations.			
4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)			
<u>Home Health Agency Applications</u>		<u>CMS Applications</u>	
<input type="checkbox"/> Assessment		<input type="checkbox"/> Outcome measurement for outcome reporting	
<input type="checkbox"/> Care planning		<input type="checkbox"/> Risk factor measurement for outcome reporting	
<input checked="" type="checkbox"/> Quality improvement/outcome enhancement		Number of risk adjustment models _____	
<input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring		<input type="checkbox"/> Adverse event measurement for adverse event report	
<input type="checkbox"/> Utilization/cost/resource consumption monitoring		<input type="checkbox"/> Case mix measurement for case mix profiling	
<input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations)		<input type="checkbox"/> Case mix adjustment for prospective payment system	
<input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners)		<input type="checkbox"/> Performance indicator for consumer reporting (planned)	
<input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)		<input checked="" type="checkbox"/> Survey & certification use (planned)	
		<input checked="" type="checkbox"/> Program integrity (planned)	
		<u>Other Applications Under Development</u>	
		<input type="checkbox"/> Homebound status determination	
		<input type="checkbox"/> Medical necessity determination	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0895	Reason for Hospitalization (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	<p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes. Item revised.</p> <p>1988-1989: Field testing of outcome measures.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>
6. Validity:	<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement
7. Recent Reliability:	<input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3
8. Perceived or Real Constraints/Limitations:	<p>Critical for agencies to use in evaluating care provision. Response options may be too constrained, resulting in large numbers of response 16 (Other).</p>
9. Additional Comments:	<p>None.</p>
10. Overall Necessity of Item:	<input type="checkbox"/> Essential <input checked="" type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal
11. Recommendation for Retention or Change:	<p>Retain for care monitoring. Consider potential refinement through reliability analyses. Explore modifying response options.</p>
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Discharge or Transfer to Inpatient Facility Status				
Item No.: M0900	Item Name: Reason(s) Admitted to Nursing Home	Time Points: <input type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0900) For what Reason(s) was the patient Admitted to a Nursing Home? (Mark all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Therapy services <input type="checkbox"/> 2 - Respite care <input type="checkbox"/> 3 - Hospice care <input type="checkbox"/> 4 - Permanent placement <input type="checkbox"/> 5 - Unsafe for care at home <input type="checkbox"/> 6 - Other <input type="checkbox"/> UK - Unknown 				
<p>2. Item Clarification:</p> <p>Identifies the reason(s) the patient was admitted to a nursing home.</p>				
<p>3. Rationale for Item:</p> <p>Item is required for adverse event report ("Unexpected Nursing Home Admission").</p>				
<p>4. Item Use/Application: <input type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width:50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0900	Reason(s) Admitted to Nursing Home (Cont'd)
5. Item Research, Development, Clinical, and Testing History:	<p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.</p> <p style="padding-left: 40px;">Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>
6. Validity:	<input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement <input type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning <input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement <input type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment <input type="checkbox"/> Validation by patient assessment and care planning <input checked="" type="checkbox"/> Validation by outcome enhancement
7. Recent Reliability:	<input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3
8. Perceived or Real Constraints/Limitations:	Critical for agency use in evaluating care provision.
9. Additional Comments:	None.
10. Overall Necessity of Item:	<input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal
11. Recommendation for Retention or Change:	Retain for outcome analysis. Consider potential refinement through reliability analyses.
Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u>	

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Discharge or Transfer to Inpatient Facility Status

Item No.: M0903	Item Name: Date of Last (Most Recent) Home Visit	Time Points: <input type="checkbox"/> Start or Resumption of Care <input checked="" type="checkbox"/> Transfer to Inpatient Facility	<input type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Discharge
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1. Precise Wording of Item:
(M0903) Date of Last (Most Recent) Home Visit:
 ___ / ___ / ___
 month day year

2. Item Clarification:
 Identifies the last or most recent home visit of any agency provider, including skilled providers or home health aides.

3. Rationale for Item:
 Tracking of discharge timeliness. If discharge date (M0906) or assessment date (M0090) are substantially later than last home visit, the accuracy of the data may be suspect.

4. Item Use/Application: Identifier (for data management/tracking)

<p><u>Home Health Agency Applications</u></p> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input type="checkbox"/> Utilization/cost/resource consumption monitoring <input type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks)	<p><u>CMS Applications</u></p> <input type="checkbox"/> Outcome measurement for outcome reporting <input type="checkbox"/> Risk factor measurement for outcome reporting Number of risk adjustment models _____ <input type="checkbox"/> Adverse event measurement for adverse event report <input type="checkbox"/> Case mix measurement for case mix profiling <input type="checkbox"/> Case mix adjustment for prospective payment system <input type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
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OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record**M0903****Date of Last (Most Recent) Home Visit (Cont'd)****5. Item Research, Development, Clinical, and Testing History:**

1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.

1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.

1995-2000: Demonstration testing in the National and New York State Demonstrations. Item revised after first year of data collection.

1999-2000: Initial intensive OMB review with subsequent 6-month reviews.

6. Validity:

- Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

7. Recent Reliability: Substantial Moderate Fair/Slight Reliability not evaluated

Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3

8. Perceived or Real Constraints/Limitations:

None.

9. Additional Comments:

Also required by CMS on claim forms.

10. Overall Necessity of Item: Essential Highly useful Useful Potentially useful Marginal**11. Recommendation for Retention or Change:**

Retain for data quality monitoring. Consider potential refinement through reliability analyses.

Date Recorded: ___02___ / ___01___ / ___2002___

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

Item Category: Discharge or Transfer to Inpatient Facility Status				
Item No.: M0906	Item Name: Discharge/Transfer/Death Date	Time Points: <input type="checkbox"/> Start or Resumption of Care <input type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Transfer to Inpatient Facility <input checked="" type="checkbox"/> Discharge		
<p>1. Precise Wording of Item:</p> <p>(M0906) Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient.</p> <p style="text-align: center;"> ___/___/____ month day year </p>				
<p>2. Item Clarification:</p> <p>Identifies the actual date of discharge, transfer, or death (at home).</p>				
<p>3. Rationale for Item:</p> <p>Used to calculate length of episode of care; tracks when episode ends for linkage with subsequent utilization of home health or other health services.</p>				
<p>4. Item Use/Application: <input checked="" type="checkbox"/> Identifier (for data management/tracking)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) </td> <td style="width: 50%; vertical-align: top;"> <p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting <li style="padding-left: 20px;">Number of risk adjustment models <u> 41 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination </td> </tr> </table>			<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting <li style="padding-left: 20px;">Number of risk adjustment models <u> 41 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination
<p><u>Home Health Agency Applications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Care planning <input checked="" type="checkbox"/> Quality improvement/outcome enhancement <input checked="" type="checkbox"/> Patient mix/origin/discharge disposition monitoring <input checked="" type="checkbox"/> Utilization/cost/resource consumption monitoring <input checked="" type="checkbox"/> Marketing (e.g., public relations, payer negotiations) <input checked="" type="checkbox"/> Feedback to other providers (e.g., physicians, discharge planners) <input checked="" type="checkbox"/> Voluntary accreditation (e.g., JCAHO ORYX, CHAP Benchmarks) 	<p><u>CMS Applications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Outcome measurement for outcome reporting <input checked="" type="checkbox"/> Risk factor measurement for outcome reporting <li style="padding-left: 20px;">Number of risk adjustment models <u> 41 </u> <input checked="" type="checkbox"/> Adverse event measurement for adverse event report <input checked="" type="checkbox"/> Case mix measurement for case mix profiling <input checked="" type="checkbox"/> Case mix adjustment for prospective payment system <input checked="" type="checkbox"/> Performance indicator for consumer reporting (planned) <input checked="" type="checkbox"/> Survey & certification use (planned) <input checked="" type="checkbox"/> Program integrity (planned) <p><u>Other Applications Under Development</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Homebound status determination <input type="checkbox"/> Medical necessity determination 			

OASIS CHRONICLE

(for OASIS Version B1 8/2000)

Form No. OC:1-02.02

Item-Specific Record

M0906	Discharge/Transfer/Death Date (Cont'd)
<p>5. Item Research, Development, Clinical, and Testing History:</p> <p>1983-1986: Evaluation research of impact of hospital PPS on home health patient outcomes.</p> <p>1988-1989: Field testing of outcome measures. Item revised.</p> <p>1988-1990: Clinical panel review, including home health industry input and endorsement of outcome measures and necessary data items.</p> <p>1989-1991: Feasibility testing of clinical and operational utility of outcome measures and data items.</p> <p>1991-1994: Empirical field testing to evaluate measures and items for use in an outcome-based quality improvement approach.</p> <p>1994-1995: Pilot demonstration testing (including practicality of measures and approach) in Colorado home health agencies.</p> <p style="padding-left: 40px;">Endorsed as essential for a core comprehensive assessment by a home health industry workgroup. No changes recommended to the data item.</p> <p>1995-2000: Demonstration testing in the National and New York State Demonstrations.</p> <p>1999-2000: Initial intensive OMB review with subsequent 6-month reviews.</p>	
<p>6. Validity:</p> <p><input checked="" type="checkbox"/> Consensus validity by expert research/clinical panels for outcome measurement and risk factor measurement</p> <p><input type="checkbox"/> Consensus validity by expert clinical panels for patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Criterion or convergent/predictive validity for outcome measurement/risk factor measurement</p> <p><input checked="" type="checkbox"/> Convergent/predictive validity: case mix adjustment for payment</p> <p><input type="checkbox"/> Validation by patient assessment and care planning</p> <p><input checked="" type="checkbox"/> Validation by outcome enhancement</p>	
<p>7. Recent Reliability: <input type="checkbox"/> Substantial <input type="checkbox"/> Moderate <input type="checkbox"/> Fair/Slight <input checked="" type="checkbox"/> Reliability not evaluated</p> <p>Interrater reliability (weighted kappa or percent agreement): _____ Study 1 _____ Study 2 _____ Study 3</p>	
<p>8. Perceived or Real Constraints/Limitations:</p> <p>None.</p>	
<p>9. Additional Comments:</p> <p>Also required by CMS on claim forms.</p>	
<p>10. Overall Necessity of Item: <input checked="" type="checkbox"/> Essential <input type="checkbox"/> Highly useful <input type="checkbox"/> Useful <input type="checkbox"/> Potentially useful <input type="checkbox"/> Marginal</p>	
<p>11. Recommendation for Retention or Change:</p> <p>Retain for outcome and case mix analysis. Consider potential refinement through reliability analyses.</p> <p style="text-align: right;">Date Recorded: <u> 02 </u> / <u> 01 </u> / <u> 2002 </u></p>	

References

- Berg K (1999). Interim reliability report: Medicare home health case-mix project. In: Appendix G in Goldberg HB, D Delargy, RJ Schmitz, T Moore, and M Wrobel *Case Mix Adjustment for a National Home Health Prospective Payment System. Second Interim Report*, pp. G.3-G.25. Cambridge, MA: Abt Associates Inc.
- Donelson SM, CM Murtaugh, PH Feldman, K Hijjazi, L Bruno, S Zeppie, S Neder, E Quint, L Huang, and A Clark (2001). Clarifying the definition of homebound and medical necessity using OASIS data: Final report. New York: Center for Home Care Policy and Research, Visiting Nurse Service of New York, March.
- Hughes JS and AS Ash (1997). Reliability of risk-adjustment methods. In: Iezzoni LI, editor. *Risk Adjustment for Measuring Healthcare Outcomes*. Chicago, IL: Health Administration Press. p. 378.
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- Madigan EA, S Tullai-McGuinness, and RH Fortinsky. How to obtain meaningful and reliable results with OASIS data. Presentation at the annual meeting of the National Association for Home Care, Las Vegas, NV, October 2001.
- Morris JN, BE Fries, K Steel, N Ikegami, R Bernabei, GI Carpenter, R Gilgen, JP Hirdes, and E Topinkova (1997). Comprehensive clinical assessment in community setting: Applicability of the MDS-HC. *Journal of the American Geriatrics Society* 45(8):1017-1024, August.

CHAPTER 3

OASIS CHRONICLE SUMMARY

The OASIS Chronicle Summary presents, in a compact tabular form, much of the information contained in the OASIS Chronicle Item-Specific Records. For each OASIS data item, there is one row of attributes corresponding to elements or groups of item characteristics in the OASIS Chronicle in Section B of Chapter 2. Thus, item attributes are divided into sections (or groups of columns), which are defined by the table header rows repeated on each page of the table. The meaning of each attribute, by section, is provided below.

A. READER'S GUIDE TO THE OASIS CHRONICLE SUMMARY

1. Data Collection Time Points (Columns 1 through 4)

These columns indicate the assessment time points at which the OASIS item is collected (as required by Medicare Conditions of Participation). A given item may be collected at one or more of the following time points:

- Start or Resumption of Care: Denoted by an "S" in Column 1
- Follow-Up: Denoted by an "F" in Column 2
- Transfer to Inpatient Facility: Denoted by a "T" in Column 3
- Discharge: Denoted by a "D" in Column 4

2. Item Use/Application (Columns 5 through 23)

These columns denote various potential applications for an OASIS item. Categories include home health agency (HHA) applications, Centers for Medicare & Medicaid Services (CMS) applications, and other applications. Specific applications within each of these three categories are described below:

HHA Applications (Columns 5 through 13):

Identifier (Column 5): Contains a check mark (✓) if the item is used to identify the home health agency, the patient, or the episode of care for which the OASIS assessment was collected. Parties other than the home health agency (e.g., CMS) also require identifiers to track assessment information.

Other Home Health Agency Applications (Columns 6 through 13): These are fully described in the Reader's Guide to the OASIS Chronicle (Chapter 2 of this volume). Brief descriptions of these applications are provided below.

Assessment (Column 6): Contains an “X” if the item is used routinely to characterize the patient’s health status or provide other information important for a clinician to consider in determining the care requirements of the patient.

Care Planning (Column 7): Contains an “X” if the item is recognized by clinicians as necessary for planning the care to be provided by the home health agency.

Quality Improvement/Outcome Enhancement (Column 8): Contains an “X” if the item is used in the computation of at least one outcome measure for the national reporting system or the OBQI demonstration programs, or it is a predictor of patient outcomes and therefore is used in outcome risk adjustment, or it is used by agencies for the process-of-care component of outcome enhancement.

Patient Mix/Origin/Discharge Disposition Monitoring (Column 9): Contains an “X” if the item currently is used in the case mix reports available to home health providers using OASIS national repository data, or it has contributed to reports that are used for this purpose, or it assists in monitoring patient origin or discharge disposition by demonstration agencies and others.

Utilization/Cost/Resource Consumption Monitoring (Column 10): Contains an “X” if the item is used for case mix adjustment of payment under home health PPS, or it is used by home health agencies either to predict utilization and cost or to stratify patients for monitoring utilization and costs within specific patient groups.

Marketing (Column 11): Contains an “X” if the item may be used by home health agencies in the context of information on patient outcomes, utilization patterns, patient mix, discharge disposition, or other characteristics of the agency or patients served in marketing the agency’s services within the community or as part of negotiations with insurers, including managed care organizations.

Feedback to Other Providers (Column 12): Contains an “X” if the item may be used in preparing reports for physicians to monitor individual patient progress toward care goals and analyze other aspects of health status. In addition, the item may be used in aggregated agency-level reports for hospital discharge planners when making decisions concerning post-hospital care.

Voluntary Accreditation (Column 13): Contains an “X” if the item may be used to satisfy accreditation requirements through data-driven, quality monitoring programs such as JCAHO ORYX or CHAP Benchmarks.

CMS Applications (Columns 14 through 21): CMS Applications are fully described in the Reader’s Guide to the OASIS Chronicle (Chapter 2 of this volume). Brief descriptions of these applications are provided below.

Outcome Measurement (Column 14): Contains a check mark (✓) if the item contributes to the computation of one or more of the outcome measures that appear in the agency-level outcome reports produced using the national OASIS data repository.

Risk Factor Measurement (# Models) (Column 15): Contains the number of outcome measures for which the OASIS item under consideration is included as (or used in the computation of) a risk factor. The maximum number for this column is 41. If an OASIS item is not included in any risk model, this column is blank.

Adverse Event Measurement (Column 16): Contains a check mark (✓) if the item contributes to the computation of one or more adverse event outcome measures that appear in the adverse event outcome reports.

Case Mix Measurement (Column 17): Contains a check mark (✓) if the item contributes to the computation of one or more measures that appear in the case mix profile reports that are released to home health providers.

Case Mix Adjustment for PPS (Column 18): Contains a check mark (✓) if the item contributes to the grouping of patient episodes to determine case mix adjustment for prospective payment (HHRGs).

Performance Indicator for Consumer Reporting (Column 19): Contains a check mark (✓) if the item currently contributes to outcome measures or risk factors in the context of agency-level reporting and has a reasonable likelihood of contributing to consumer reporting.

Survey & Certification Use (Planned) (Column 20): Contains a check mark (✓) if there is a high likelihood that the item will contribute to future outcome-oriented survey activities.

Program Integrity (Planned) (Column 21): Contains a check mark (✓) if the item is directly related to case mix adjustment of payment, or is one of a variety of items that may corroborate or contradict payment-related items, as well as items related to homebound status, medical necessity, and other eligibility issues.

Other Applications (Columns 22 and 23): Other applications for OASIS items are fully described in the Reader's Guide to the OASIS Chronicle (Chapter 2 of this volume). Brief descriptions of these applications are provided below.

Homebound Status Determination (Column 22): Contains an "X" if the item is included in an algorithm for objectively verifying homebound status developed under a study sponsored by the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE).

Medical Necessity Determination (Column 23): Contains an "X" if the item is included in an algorithm for evaluating medical necessity of home health services developed under a study sponsored by DHHS/ASPE.

3. Item Validity (Columns 24 through 29)

These columns indicate the types of validity that have been demonstrated for an OASIS item. The types of validity are fully described in the Reader's Guide to the

OASIS Chronicle (Chapter 2 of this volume). Brief descriptions of these applications are provided below.

Consensus-Outcome/Risk Factor Measurement (Column 24): Contains a check mark (✓) if the item was reviewed by panels of researchers and clinicians and was recommended for the purposes of measuring patient outcomes relevant to home health care provision and quality measurement, or for risk adjustment of outcome analyses.

Consensus-Assessment/Care Planning (Column 25): Contains a check mark (✓) if the item was reviewed by a panel of clinical experts and was recommended for inclusion in a core set of data items for patient assessment and care planning.

Convergent/Predictive-Outcome/Risk Factor (Column 26): Contains a check mark (✓) if the item has been tested empirically for use in conjunction with outcome measures or risk factors predictive of patient outcomes and, by virtue of such testing, has been found to be related to other indicators of health status and patient outcomes in a statistically significant and clinically meaningful way.

Convergent/Predictive-Case Mix Adjustment/PPS (Column 27): Contains a check mark (✓) if the item has been tested and is now used in the grouping algorithm that, in part, determines the per-episode payment to home health agencies for care provided under the Medicare home health benefit.

By Patient Assessment and Care Planning (Column 28): Contains a check mark (✓) if the item has been used by clinicians for patient assessment and care planning in several hundred home health agencies for a number of years, and has been reported by practicing clinicians to be effective and useful for these purposes.

By Outcome Enhancement (Column 29): Contains a check mark (✓) if home health agencies have used the item (among others) for outcome analyses, process-of-care investigations, or ongoing monitoring for quality improvement -- with demonstrated success in improving patient outcomes.

4. **Developmental History/Reliability/Necessity (Columns 30 through 34)**

These columns provide information about the research and developmental history, reliability, and necessity of an OASIS item. Since several attributes use special characters or icons to denote item characteristics, a key to these columns appears at the top of each page of the table. Information on each attribute is provided below.

Research/Developmental Depth (Column 30): Denotes the depth and intensity of research and developmental activities that an OASIS item has undergone since its inception. Possible values for this category include: ① = **Extensive**, ② = **Considerable**, ③ = **Substantial**, and ④ = **Moderate**. OASIS items marked as ① (Extensive) have undergone a rigorous development process that includes thorough scientific study (i.e., literature review, reliability studies, clinical panel review, validity testing, etc.). Items marked as ② (Considerable) have undergone a slightly

less thorough developmental process (either in terms of duration of time or technical depth), which nonetheless was characterized by considerable rigor. Those marked as ③ (Substantial) have undergone a somewhat less comprehensive developmental process than those characterized as considerable (again, in terms of duration of time or technical depth); however, the process was characterized by substantial rigor. Items marked as ④ (Moderate) have undergone less extensive scientific study. While most of the items in the “Moderate” category have undergone sufficient testing to be validly used in OASIS, further development and refinement would typically be expected. Some need refinement, however, before they are used extensively for certain types of applications.

Year First Used (Column 31): Indicates the year in which the OASIS item was used by home health agencies in either a research project, demonstration project, or in national implementation.

Recent Reliability (Column 32): Denotes the level of interrater reliability attained by the OASIS item in scientific testing (as measured by weighted kappa or percent agreement). Possible reliability classifications include: ● = **Substantial**, ⊙ = **Moderate**, ○ = **Fair/Slight**, and - = **Not Tested**. Refer to the Reader’s Guide to the OASIS Chronicle (Chapter 2 of this volume) for the rating scheme used to determine the reliability classification for individual items.

Overall Necessity (Column 33): This rating is a synthesis of the overall utility of the item for several purposes. It takes into account predominantly information summarized in the columns reflecting the level of contribution of an item to applications used by home health agencies, CMS, and other organizations. Necessity is rated according to the following five-level scale: ① = **Essential**, ② = **Highly Useful**, ③ = **Useful**, ④ = **Potentially Useful**, and ⑤ = **Marginal**.

Recommendation for Retention or Change (Column 34, continued in Column 1 of attachment to the table): The recommendation is based on a combination of all the attributes for the item. Retention is generally recommended for items rated as essential or highly useful, but items with questionable reliability or validity are indicated as needing further improvement. Deletion is recommended for items that appear to have no current or planned use or for which the burden of data collection exceeds the benefit derived from the information provided. The summary table contains both brief recommendations on the primary portion of the table and detailed recommendations (identical to those in the Item-Specific Records) on a continuation of the table. The continuation of the table is printed in a larger font size to enhance the readability of the detailed recommendations.

B. OASIS CHRONICLE: SUMMARY OF ITEM ATTRIBUTES

The following pages contain the OASIS Chronicle Summary. Information on each OASIS item is presented in accord with the definitions and descriptions provided in the preceding section (Section A).

OASIS CHRONICLE
Summary of Item Attributes (Cont'd)

02/01/02
 (for OASIS Version B1 8/2000)

Item Number and Name	Detailed Recommendation for Retention or Change
Clinical Record Items	
M0010 Agency Medicare Provider Number	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record. Coordinate future changes with development of universal provider identifier. Clarify that this item is not required on clinical forms but should be included in the electronic record for identification/matching purposes.
M0012 Agency Medicaid Provider Number	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
M0014 Branch State (Optional)	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
M0016 Branch ID Number (Optional)	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
M0020 Patient ID Number	Retain this identifier even if other identifiers are omitted.
M0030 Start of Care Date	Retain. Essential data element.
M0032 Resumption of Care Date	Retain. Essential data element for outcome monitoring and useful as a cross-check for payment purposes.
M0040 Patient Name	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
M0050 Patient State of Residence	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
M0060 Patient ZIP Code	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
M0063 Medicare Number	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
M0064 Social Security Number	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
M0065 Medicaid Number	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.
M0066 Birth Date	Retain. Essential risk factor and important adjunct for matching.
M0069 Gender	Retain. Essential risk factor and important adjunct for matching.
M0072 Primary Referring Physician ID (UPIN)	Determine which identifiers are the most essential and eliminate as many as possible of the remaining identifiers, as indicated under Element 1 of the Item-Specific Record.

OASIS CHRONICLE
Summary of Item Attributes (Cont'd)

02/01/02
 (for OASIS Version B1 8/2000)

Item Number and Name	Detailed Recommendation for Retention or Change
Clinical Record Items (Cont'd)	
M0080 Discipline of Person Completing Assessment	Retain for monitoring data quality patterns.
M0090 Date Assessment Completed	Retain. Essential for tracking timeliness of assessments and determining current length of stay for tracking patient progress.
M0100 Reason for Assessment	Retain. Evaluate potential refinements to improve tracking of assessments in future versions of OASIS.
Demographics and Patient History	
M0140 Race/Ethnicity	Retain this item due to its importance for assessment and care planning, and assess utility for other applications.
M0150 Current Payment Sources for Home Care	Retain, and consider refining specific response options.
M0160 Financial Factors	Delete item from OASIS. However, some information regarding financial status is essential to assessment and care planning.
M0175 Inpatient Facility Discharge During the Past 14 Days	Essential item for both payment and outcome analysis. Retain and continue to evaluate options for improving data accuracy.
M0180 Inpatient Discharge Date	Retain.
M0190 Inpatient Diagnoses	Retain. Essential measure for risk-adjusted outcome reports and other applications. Consider omitting fourth and fifth digits from OASIS to reduce perceived burden.
M0200 Medical or Treatment Regimen Change Within Past 14 Days	Retain. Consider refining instructions to enhance understandability.
M0210 Medical Regimen Change Diagnoses	Retain. Essential measure for risk-adjusted outcome reports and other applications. Consider omitting fourth and fifth digits from OASIS to reduce perceived burden.
M0220 Conditions Prior to Hospitalization/Regimen Change	Retain. Explore refinement to enhance reliability.
M0230/ M0240 Diagnoses and Severity Index	Retain. Continue to explore modification of instructions for clarity and compliance with coding standards. Investigate options to minimize duplication with other required forms (e.g., 485, claims).

OASIS CHRONICLE
Summary of Item Attributes (Cont'd)

02/01/02
(for OASIS Version B1 8/2000)

Item Number and Name	Detailed Recommendation for Retention or Change
Demographics and Patient History (Cont'd)	
M0250 Therapies (IV/Infusion/Nutrition)	Retain. (It may be appropriate to explore whether an item modification to distinguish subcutaneous infusion would improve risk adjustment.)
M0260 Overall Prognosis	Retain. Explore option of using the same response categories for the 485 item.
M0270 Rehabilitative Prognosis	Retain. Explore option of using the same response categories for the 485 item.
M0280 Life Expectancy	Retain. Consider exploring alternative definitions.
M0290 High Risk Factors	Retain. Explore ways to enhance accuracy/reliability of response pertaining to obesity.
Living Arrangements	
M0300 Current Residence	Retain for risk adjustment and care planning.
M0310 Structural Barriers	Refine. Reliability and performance as a risk factor could be improved by refinements. May be useful to support homebound status and medical necessity.
M0320 Safety Hazards	Retain. Item may need redesign to improve reliability and performance as a risk factor. May be useful for assessing medical necessity.
M0330 Sanitation Hazards	Retain. Item may need redesign to improve performance as a risk factor. May be useful for assessing medical necessity.
M0340 Living Situation	Retain for risk adjustment and care planning.
Supportive Assistance	
M0350 Assisting Person(s) Other Than Home Care Agency Staff	Retain for risk adjustment and care planning.
M0360 Primary Caregiver	Retain.
M0370 Frequency of Primary Caregiver Assistance	Retain. Explore revisions to improve reliability.
M0380 Type of Primary Caregiver Assistance	Retain. Explore revisions to improve reliability.

OASIS CHRONICLE
Summary of Item Attributes (Cont'd)

02/01/02
(for OASIS Version B1 8/2000)

Item Number and Name	Detailed Recommendation for Retention or Change
Sensory Status	
M0390 Vision	Retain for care planning, risk adjustment, and payment adjustment.
M0400 Hearing and Ability to Understand Spoken Language	Retain. Explore simplification options.
M0410 Speech and Oral (Verbal) Expression of Language	Retain. Essential for outcome measurement and risk adjustment.
M0420 Frequency of Pain Interfering With Activity	Retain. Continue to evaluate alternative pain items.
M0430 Intractable Pain	Retain. Continue to refine.
Integumentary Status	
M0440 Skin Lesion or Open Wound	Retain. Explore the option of one item for any skin lesion and a second item for open wounds or add an option that asks if the lesion/wound will be included in the plan of care.
M0445 Pressure Ulcer Presence	Retain. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)
M0450 Current Number of Pressure Ulcers at Each Stage	Retain. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)
M0460 Stage of Most Problematic (Observable) Pressure Ulcer	Retain. Explore clarification of instructions regarding identification of "most problematic" ulcer. (Concentrate on referring agencies and clinicians to pressure ulcer experts and national clinical practice guidelines to enhance assessment consistency.)
M0464 Status of Most Problematic (Observable) Pressure Ulcer	Retain. Explore clarification of instructions regarding identification of "most problematic" ulcer. Concentrate on referring agencies and clinicians to pressure ulcer experts, national clinical practice guidelines, and WOCN to enhance assessment consistency. Add a new response (0 - Re-epithelialized) when National Pressure Ulcer Advisory Panel determines appropriate.
M0468 Stasis Ulcer Presence	Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed.
M0470 Current Number of Observable Stasis Ulcer(s)	Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed.

OASIS CHRONICLE
Summary of Item Attributes (Cont'd)

02/01/02
 (for OASIS Version B1 8/2000)

Item Number and Name	Detailed Recommendation for Retention or Change
Integumentary Status (Cont'd)	
M0474 Stasis Ulcer that Cannot be Observed	Retain.
M0476 Status of Most Problematic (Observable) Stasis Ulcer	Retain. Explore testing separate items for arterial and diabetic ulcers, if low incidence and poor item reliability can be addressed. Explore clarification of instructions regarding identification of most problematic ulcer. Refer agencies and clinicians to WOCN to enhance assessment consistency.
M0482 Surgical Wound Presence	Retain.
M0484 Current Number of (Observable) Surgical Wounds	Retain.
M0486 Surgical Wound that Cannot be Observed	Retain.
M0488 Status of Most Problematic (Observable) Surgical Wound	Retain. Refer agencies and clinicians to WOCN to enhance assessment consistency. Explore clarification of instructions regarding identification of "most problematic" wound.
Respiratory Status	
M0490 Shortness of Breath	Retain. Continue to promote observation assessment strategies by clinicians.
M0500 Respiratory Treatments	Retain.
Elimination Status	
M0510 Urinary Tract Infection	Retain.
M0520 Urinary Incontinence or Urinary Catheter Presence	Retain.
M0530 When Urinary Incontinence Occurs	Retain.
M0540 Bowel Incontinence Frequency	Retain.
M0550 Ostomy for Bowel Elimination	Retain.

OASIS CHRONICLE
Summary of Item Attributes (Cont'd)

02/01/02
(for OASIS Version B1 8/2000)

Item Number and Name	Detailed Recommendation for Retention or Change
Neuro/Emotional/Behavioral Status M0560 Cognitive Functioning	Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.
M0570 When Confused (Reported or Observed)	Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.
M0580 When Anxious (Reported or Observed)	Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.
M0590 Depressive Feelings (Reported or Observed)	Retain. Explore ways to increase item reliability by rewording and continuing to empirically test response options.
M0600 Patient Behaviors (Reported or Observed)	Retain. Explore ways to increase item reliability by rewording and continuing to empirically test response options.
M0610 Behaviors Demonstrated at Least Once a Week (Reported or Observed)	Retain. Explore ways to increase item reliability by rewording and continuing to empirically test response options.
M0620 Frequency of Behavior Problems (Reported or Observed)	Retain. Explore ways to increase item precision by rewording and continuing to empirically test response options.
M0630 Psychiatric Nursing Services	Retain. While psychiatric nursing services are infrequent, the acute patient need for care is an important comorbidity. Consider expanding definition of psychiatric problems using diagnosis codes.
Activities of Daily Living (Functional Status) M0640 Grooming	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0650 Dressing Upper Body	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0660 Dressing Lower Body	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0670 Bathing	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0680 Toileting	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.

OASIS CHRONICLE
Summary of Item Attributes (Cont'd)

02/01/02
 (for OASIS Version B1 8/2000)

Item Number and Name Activities of Daily Living (Functional Status) (Cont'd)	Detailed Recommendation for Retention or Change
M0690 Transferring	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability. Explore clarification of example transferring tasks.
M0700 Ambulation/Locomotion	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0710 Feeding or Eating	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
Instrumental Activities of Daily Living (Functional Status)	
M0720 Planning and Preparing Light Meals	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0730 Transportation	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0740 Laundry	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0750 Housekeeping	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0760 Shopping	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
M0770 Ability to Use Telephone	Retain both current and prior status for this item. Explore replacing the "prior" status information for all functional items by developing (fewer) alternative data items to assess chronic functional limitations with greater reliability.
Management of Medications	
M0780 Management of Oral Medications	Retain both current and prior status for this item. Explore replacing the "prior" status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.
M0790 Management of Inhalant/Mist Medications	Retain both current and prior status for this item. Explore replacing the "prior" status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.
M0800 Management of Injectable Medications	Retain both current and prior status for this item. Explore replacing the "prior" status information for all medication management items by developing fewer alternative data items to assess chronic medication management limitations with greater reliability.

OASIS CHRONICLE
Summary of Item Attributes (Cont'd)

02/01/02
(for OASIS Version B1 8/2000)

Item Number and Name	Detailed Recommendation for Retention or Change
Equipment Management	
M0810 Patient Management of Equipment	Retain. Explore enhancing applicability by adding other types of equipment (e.g., peritoneal dialysis, etc.).
M0820 Caregiver Management of Equipment	Retain. Explore enhancing applicability by adding other types of equipment (e.g., peritoneal dialysis, etc.).
Therapy Need	
M0825 Therapy Need	Retain for payment adjustment. Explore ways to more effectively instruct agencies and clinicians on correct interpretation of item.
Emergent Care Utilization	
M0830 Emergent Care	Retain for outcome reporting. This item is essential for outcome and adverse event measurement. Consider potential refinement through reliability analyses.
M0840 Emergent Care Reason	Retain. This item is essential for adverse event outcome measurement. Consider potential refinement through reliability analyses.
Discharge or Transfer to Inpatient Facility Status	
M0855 Inpatient Facility Admission	Retain for outcome reporting. Consider potential refinement through reliability analyses.
M0870 Discharge Disposition	Retain for outcome reporting. Consider potential refinement through reliability analyses.
M0880 Services or Assistance Received After Discharge	Retain for care monitoring. Consider potential refinement through reliability analyses.
M0890 Hospital Reason (Emergent/Urgent/Elective)	Retain for care monitoring. Consider potential refinement through reliability analyses.
M0895 Reason for Hospitalization	Retain for care monitoring. Consider potential refinement through reliability analyses. Explore modifying response options.
M0900 Reason(s) Admitted to Nursing Home	Retain for outcome analysis. Consider potential refinement through reliability analyses.
M0903 Date of Last (Most Recent) Home Visit	Retain for data quality monitoring. Consider potential refinement through reliability analyses.
M0906 Discharge/Transfer/Death Date	Retain for outcome and case mix analysis. Consider potential refinement through reliability analyses.