



Are you looking for a way to **IMPROVE OASIS SCORES?**

Shield HealthCare has your solution...

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WHY should OASIS scores be TOP-OF-MIND?

The **Outcome and ASsessment Information Set** (OASIS) is the key factor in determining home health agency reimbursement and the improvement in the patient's condition under agency care. The OASIS includes questions that cover the process of care, which credits agencies for their evidence-based practices of care and gives a well-rounded picture of the overall quality of an agency.

OASIS data and scores are also used for:

- State surveys and federal audits
- Agency program development and quality initiatives
- Helping patients decide which agency to select as their home care provider

OASIS data is a major contributor to the agency quality measures – or scores – that are visible on the CMS Home Health Compare website:

www.medicare.gov/homehealthcompare. Home Health Compare shows the public how often each home health agency used best practices when caring for its patients, and whether patients improved in certain important areas of care. **Your agency's good outcomes can attract new patients as well as potential employees.**

HOW SHIELD CAN HELP:

Home Health Agency scores come directly from comparing the OASIS assessment on patient admission to the OASIS assessment on patient discharge. For this reason, it is important for clinicians to score patients as accurately as possible at the start of care, and to support their patients with case-specific health care products that improve patient outcomes.

Look inside for details on how Shield HealthCare can help improve your OASIS scores.

OASIS Scoring

How Shield HealthCare Can Help

INTEGUMENTARY STATUS

Questions **M1300-M1350** require accurate diagnosis of Pressure Ulcers, Stasis Ulcers and Surgical Wounds, contributing to the patient's **M2250: Plan of Care Synopsis**.

The resulting data may contribute to HHA scores on Treating Wounds and Preventing Pressure Sores (Bed Sores).

- ✓ Over 70 Certified Wound Management Specialists at Shield HealthCare are available to recommend wound care products on a case-by-case basis. These specialists can make product recommendations to facilitate your patient's healing and improve the patient's outcomes.
- ✓ Shield offers educational in-services to assist health care professionals with accurate pressure ulcer diagnosis, treatment and prevention techniques.
- ✓ Shield HealthCare's clinician newsletters and online communities provide articles on wound care, including pressure ulcer prevention and nutrition for wound healing.
- ✓ On-staff Registered Dietitians are available for patient-specific nutritional consults to optimize your patient's healing and improve outcomes.

ELIMINATION STATUS

Questions **M1600-M1630** require accurate diagnosis of the patient's elimination status, including presence of UTIs, bladder and bowel incontinence frequency, and presence of urinary catheters and/or bowel ostomy.

The resulting data may contribute to HHA scores in Managing Daily Activities, Preventing Harm and Preventing Unplanned Hospital Care.

- ✓ Shield HealthCare's continence and ostomy product specialists understand how important the right product, size and fit are to patient health. Consult our specialists for individual product recommendations for every unique size and complex medical need.
- ✓ Shield offers regular educational in-services that teach updated best practices in wound, ostomy & continence care.
- ✓ Shield HealthCare's quarterly Incontinence Insight Newsletter and online communities provide fresh articles on UTI prevention & care, peristomal skin care and trouble-shooting guides for continence product use.

Have You Visited Our Online Communities?

Visit Shield HealthCare's Online Communities for the latest health care news, product updates, helpful caregiver tips and more:

www.shieldhealthcare.com/community



Ostomy
Wound
Incontinence
Urological
Nutrition
Caregivers
Ostomy Lifestyle
Breastfeeding

OASIS Scoring

How Shield HealthCare Can Help

ADL/IADLs

Questions **M1810-M1820**, **M1840-M1845** and **M1870-M1880** require accurate diagnosis of the patient's ability level in regards to self-care (including managing undergarments, toilet transferring, toilet hygiene, preparing food and eating meals.)

The resulting data may contribute to HHA scores in Managing Daily Activities, Preventing Harm and Preventing Unplanned Hospital Care.

- ✓ A patient's ability level in regards to self-care plays a key role in determining the ideal products for incontinence management. Shield HealthCare's continence product specialists are experienced in recommending products that meet each patient's ability level and medical need.
- ✓ On-staff Registered Dietitians are available to provide nutritional support on a case-by-case basis. This individualized support reduces the risk of unplanned emergency care and maximizes your patient's potential to improve self-care.

FALL RISK ASSESSMENT

Question **M1910** asks if the patient has had a multi-factor Fall Risk Assessment, contributing to the patient's **M2250**: Plan of Care Synopsis.

The resulting data may contribute to HHA scores in Managing Daily Activities, Preventing Harm and Preventing Unplanned Hospital Care.

- ✓ The OASIS-C Guidance Manual indicates that each patient's assessment must include use of at least one standardized, scientifically-validated and effective tool. Ask your local Shield representative for a copy of our **Home Fall Prevention Tips** to help reduce your patient's risk of falls in the home.
- ✓ Urinary frequency, nocturia, and rushing to the bathroom to avoid urge incontinent episodes increases your patient's risk of falling*. Shield HealthCare's patient-specific product recommendations help to reduce your patient's incontinence episodes and subsequent risk of falls.

"Urinary Incontinence: Does it Increase Risk for Falls and Fractures?"
Journal of the American Geriatrics Society - Volume 48, Issue 7 - Copyright ©
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WE
CAN
HELP



Resources and Guides for Home Health Agencies

Visit www.shieldhealthcare.com for the latest resources and guides, including:

- Medicare/Medicaid Reimbursement Guide
- Incontinence Product Selection Guide
- Prevail Adult Diaper Sizing Guide
- Insurance Coverage Partners
- Resources for Medicare Beneficiaries
- UOAA Ostomy Support Groups



THREE TIPS FOR ACCURATE OASIS ASSESSMENT

Q. My patient just had urostomy surgery. Is the ostomy considered a surgical wound on question **M1340**?

A. No, an ostomy of any kind is not considered a surgical wound on the OASIS-C. A “Take Down” to close a bowel ostomy, however, would be marked as a surgical wound.* Visit Shield HealthCare’s Ostomy and Ostomy Lifestyle Communities for more information about ostomies and nutrition, how to clean around the stoma, our emergency ostomy kits and more.

Q. How can I reduce unplanned hospitalizations with my patients?

A. Urinary Tract Infections (**M1600**) are one of the most common infections among older adults and can be difficult to diagnose, frequently causing unplanned emergency care. With proper cleansing techniques and early diagnosis, unplanned hospitalizations may be reduced. Visit Shield HealthCare’s Incontinence Community for ways to reduce your patient’s UTI risk.

Q. My patient is presenting non-blanchable erythema. How do I determine if it’s Stage I Pressure Ulcer (question **M1322**) or Incontinence Associated Dermatitis?

A. The presentation of Incontinence Associated Dermatitis (IAD) and Pressure Ulcers (PrU) can be similar in its early stages. Differentiating between the two is important for appropriate treatment and reimbursement. See below for an early stage comparison guide of IAD vs. PrU:

IAD Vs. Stage I: PrU Comparison Guide

	IAD (Diaper Rash)	Stage I: Pressure Ulcer
Location	Perineum, buttocks, inner thighs, groin, natal clefts, lower abdominal folds and/or in any areas exposed to urine and stool.	Over bony prominences such as the lower spine, sacrum, coccyx, hipbones and buttocks. Other common areas include elbows, heels and shoulder blades.
Color	Blanchable or Non-blanchable erythema that tends to be pink, red or bright red.	Non-blanchable erythema that may be pink, red, bluish purple, yellow, green brown or black.
Shape	Irregular in borders; diffuse and dispersed throughout the area exposed to incontinence.	More circular in shape; discrete, with distinct edges.
Temperature/Texture	Warmer than adjacent tissue; may also present with fungal-appearing rash, raised or flat.	Often warmer than adjacent tissue, and either spongier or firmer than surrounding area.
Thickness	Superficial, unless complicated by infection. Damage develops from the surface down into tissue.	Partial-to-Full thickness lesion(s). Damage develops from deep tissue up to the surface.