

## Barnestorm OASIS C2

Barnestorm has integrated the OASIS C2 updates within existing screens in Office and POC, so the changes are seamless and require no change to processes or procedures. All clinical staff should review the new OASIS items and changed items, which are included here with screen images for your convenience.

### New OASIS C2 Item 1: M1028

This question is required on the Start of Care and all Resumption of Care OASIS assessment types.

#### M1028: Active diagnoses Comorbidities and Co-Existing Conditions

Check all that apply :

- 1- Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
- 2- 2-Diabetes Mellitus (DM)

Your options for answering either PVD/PAD or DM option(s) will include:

- Select the Diabetes Mellitus and/or Peripheral Vascular Disease / Peripheral Arterial Disease checkbox if they are one of the active diagnoses, or
- Select that the diagnoses were Assessed but none applied, or
- Select Not Assessed if no information was available at the time.

### Point of Care – M1028 on Prognosis Screen

M1028 can be found on the **Prognosis** screen of the patient's assessment.

– [!] (M1028A) Active Diagnoses - PVD or PAD

(M1028A) Active Diagnoses - PVD or PAD

Not Assessed

0 No

1 Yes

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– [!] (M1028B) Active Diagnoses - Diabetes Mellitus

(M1028B) Active Diagnoses - Diabetes Mellitus

Not Assessed

0 No

1 Yes

### Barnestorm Office – M1028

The ICD code and description will appear under the related category if the patient's diagnostic history has PVD, PAD, or DM codes.

(M1028) Active Diagnoses-- Comorbidities and Co-existing Conditions – Check all that apply. See OASIS Guidance Manual for a complete list of relevant ICD-10 codes.

Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)  Not Assessed  Assessed

Found the following PVD or PAD ICD codes:

Diabetes Mellitus (DM)  Not Assessed  Assessed

Found the following DM ICD codes:  
 E11.29 Type 2 diabetes mellitus w oth diabetic kidney com Age at onset: 88

## New OASIS C2 Item 2: M1060

This question is required on Start of Care and all Resumption of Care OASIS assessment types.

**M1060: Height and Weight. While measuring, if the number is X.1 –C.4 round down; X.5 or greater round up**

- a. Height in inches
- b. Weight (in pounds)

This will document the patient's height in inches and weight in pounds. Your options for answering either question will include: Document the weight and/or height, or select Not Assessed.

### Point of Care – M1060 on Vital Signs Screen

M1060 can be found on the **Vital Signs** screen of the patient's assessment. When the **Vital Signs** screen loads, if the height or weight is not filled in, it will search for the information on the Referral and pull that information. When the height/weight is answered on the **Vital Signs** screen, it will copy that information onto the **Referral**.

Point of Care will always print M1060 onto the visit note for Start of Care and Resumption of Care assessment types, including the BMI information. The question will ask for the patient's height in the standard feet/inches format. When the OASIS is generated, it will be converted into inches only.

We added a Global Setting that will always show M1060 on the **Vital Signs** screen for all assessment types and print the information with BMI onto the visit assessment (regardless if Print on Note is checked). It can be turned off from **Barnestorm Office > Codes > Security > Global Setting > Visit Note Print > 1631**. The default answer is True, meaning that it will print. If you wish to turn off this feature on non SOC/ROC assessments types, change the answer to False.

### Barnestorm Office – M1060

You can document the patient's height/weight on the **Referral** screen. The questions on the OASIS screen in Office will give you the option to key in the height in inches or in feet and inches - to be converted into inches only. If the height and/or weight was not assessed at the time of the assessment, select the not assessed checkbox.

## New OASIS C2 Item 3: GG0170c

GG0170C and GG0170C2 are required on Start of Care and all Resumption of Care assessment types.

### Section GG: FUNCTIONAL ABILITIES and GOALS – SOC/ROC (GG0170c) Mobility

Code the patient's usual performance at the SOC/ROC using the 6-point scale.

If activity was not attempted at SOC/ROC, code the reason.

### Point of Care – M1060 on ADLs Screen

GG0170c1 can be found on the ADLs screen of the visit assessment.

 [ ] (GG0170C1) Mobility: SOC/ROC Performance - Lying to Sitting: The ability to safe...

(GG0170C) Mobility: Lying to Sitting on Side of Bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.

- 1 Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.
- 2 Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 3 Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
- 4 Supervision or touching assistance – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- 5 Setup or clean-up assistance – Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.
- 6 Independent – Patient completes the activity by him/herself with no assistance from a helper.
- 7 Patient refused
- 9 Not applicable
- Not attempted due to medical condition or safety concerns

### Point of Care – GG0170c2

 [ ] (GG0170C2) Mobility: Discharge Goal - Lying to Sitting: The ability to safely mo...

(GG0170C) Mobility: Lying to Sitting on Side of Bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.

- 1 Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.
- 2 Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 3 Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
- 4 Supervision or touching assistance – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- 5 Setup or clean-up assistance – Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.
- 6 Independent – Patient completes the activity by him/herself with no assistance from a helper.
- 7 Patient refused
- 9 Not applicable
- Not attempted due to medical condition or safety concerns

## Barnestorm Office – GG0170c

| <p><b>(GG0170C) Mobility</b> - Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal using the 6-point scale. <b>Lying to Sitting on Side of Bed:</b> The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.</p> |   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
|--|---|--------------------------|-------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|---------------------------------|-----------------------------------|------------------------------------|---------------------------|--|----------------------------------|--|------------------------------------|--|
| <p><b>Safety and Quality of Performance</b> – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activity may be completed with or without assistive devices</i></p>  |   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <p>06 <b>Independent</b> - Patient completes the activity by him/herself with no assistance from a helper.</p>   | <table border="1"> <thead> <tr> <th>1. SOC / ROC Performance</th> <th>2. Discharge Goal</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> Independent</td> <td><input type="radio"/> Independent</td> </tr> <tr> <td><input type="radio"/> Setup/Clean</td> <td><input type="radio"/> Setup/Clean</td> </tr> <tr> <td><input type="radio"/> Supervision</td> <td><input type="radio"/> Supervision</td> </tr> <tr> <td><input type="radio"/> Partial/Mod</td> <td><input type="radio"/> Partial/Mod</td> </tr> <tr> <td><input type="radio"/> Substantial</td> <td><input type="radio"/> Substantial</td> </tr> <tr> <td><input type="radio"/> Dependent</td> <td><input type="radio"/> Dependent</td> </tr> <tr> <td><input type="radio"/> Pat Refused</td> <td><input type="radio"/> Not Assessed</td> </tr> <tr> <td><input type="radio"/> N/A</td> <td></td> </tr> <tr> <td><input type="radio"/> No Attempt</td> <td></td> </tr> <tr> <td><input type="radio"/> Not Assessed</td> <td></td> </tr> </tbody> </table> | 1. SOC / ROC Performance | 2. Discharge Goal | <input type="radio"/> Independent | <input type="radio"/> Independent | <input type="radio"/> Setup/Clean | <input type="radio"/> Setup/Clean | <input type="radio"/> Supervision | <input type="radio"/> Supervision | <input type="radio"/> Partial/Mod | <input type="radio"/> Partial/Mod | <input type="radio"/> Substantial | <input type="radio"/> Substantial | <input type="radio"/> Dependent | <input type="radio"/> Dependent | <input type="radio"/> Pat Refused | <input type="radio"/> Not Assessed | <input type="radio"/> N/A |  | <input type="radio"/> No Attempt |  | <input type="radio"/> Not Assessed |  |
| 1. SOC / ROC Performance   | 2. Discharge Goal   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <input type="radio"/> Independent  | <input type="radio"/> Independent   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <input type="radio"/> Setup/Clean  | <input type="radio"/> Setup/Clean   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <input type="radio"/> Supervision  | <input type="radio"/> Supervision   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <input type="radio"/> Partial/Mod  | <input type="radio"/> Partial/Mod   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <input type="radio"/> Substantial  | <input type="radio"/> Substantial   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <input type="radio"/> Dependent  | <input type="radio"/> Dependent   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <input type="radio"/> Pat Refused  | <input type="radio"/> Not Assessed  |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <input type="radio"/> N/A  |   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <input type="radio"/> No Attempt   |   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <input type="radio"/> Not Assessed   |   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <p>05 <b>Setup or clean-up assistance</b> – Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.</p>   |   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <p>04 <b>Supervision or touching assistance</b> – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.</p>  |   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <p>03 <b>Partial/moderate assistance</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p>  |   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <p>02 <b>Substantial/maximal assistance</b> – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p>  |   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <p>01 <b>Dependent</b> – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.</p>  |   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |
| <p>If activity was not attempted, code reason:<br/>           07 <b>Patient refused</b><br/>           09 <b>Not applicable</b><br/>           88 Not attempted due to <b>medical condition or safety concerns</b></p>   |   |                          |                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                 |                                 |                                   |                                    |                           |  |                                  |  |                                    |  |

## Changed OASIS C2 Items

Several existing OASIS items had some modifications with the OASIS C2 release: item number, title, description and/or item guidance. The following link has a list of updated OASIS questions:

<https://www.healthcareprovidersolutions.com/Data/Sites/11/media/user-files/oasis-c1-to-c2-changes-updates-061016.pdf>