

## Barnestorm OASIS D

Barnestorm has integrated the OASIS D 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

### Assessment Setup for Testing

Use the test patient with last name OASISC to allow you to select future visit dates. Start an OASIS assessment type dated on or after 1/1/2019. Make sure the Start screen has the M0090 date on or after 1/1/2019, as well. We recommend testing all OASIS types in order; ie. SOC on 1/1/2019, Transfer 1/2/2019, ROC 1/3/2019, Recert 1/4/2019, any other assessment type you want to test. Note that in order to create a Recert assessment you will need to have a 485 created.

<b>+ Assessment Type</b>	<b>Start of Care</b>
<b>+ Payer</b>	<b>01/001 - PAYER</b>
<b>+ Job Code</b>	<b>001 - BCBS RN</b> <input type="checkbox"/> HHA
<b>+ Visit Status Code</b>	<b>001 - INITIAL ASSESSMENT</b>
<b>Visit Start Date/Time:</b>	
<b>NEW</b>	
1/ 1/2019	3:04 PM
<b>Start</b>	<b>OASIS M0090 Date:</b> 1/ 1/2019

## Changed OASIS D Items

**Pt Facility Hx:** Keep M1000 and M1005; removed M1011, M1017, M1018.

**Prognosis:** Combined M1028 A and B together; removed M1032, M1034, M1036.

**Wound OASIS:** M1311 change title; removed M1300, M1302, M1313, M1320, M1350.

**Cardiovascular:** Removed M1501 and M1511 from discharge assessment.

**Respiratory:** Removed M1410.

**Genitourinary:** Removed M1615.

**Cognitive:** Removed M1750.

**Manage Meds:** Removed M2040 and M2110.

**Care Manage:** Removed question M2100; Modified M2102 to only have option A, C, D and F.

**Orders/Goals:** Removed M2250.

Additional information about Orders/Goals: The Orders/Goals will only show up in the assessment prior to 1/1/2019 if the assessment type is a SOC, ROC or Recert; and will only show the M2250 question.

**Transfer:** Removed M2430

## Additional resources for OASIS D updates

[Comparison of OASIS-C2 to OASIS-D](#)

[Itemized List of OASIS Data Elements](#)

[OASIS Outcome and Assessment Information Set](#)

## New OASIS D Item 1: GG0130 and GG0170

These questions are required on Start of Care, Resumption of Care, Recertification and Discharge

### GG0130 Self-Care

### GG0170 Mobility

#### Point of Care – GG0130 and GG0170 on ADLs Screen

We added a few tabs on the assessment screen. Divided out the GG0100 codes into a new tab; added two more tabs for the GG0130 and GG0170 questions; removed M1880, M1890 and M1900

Note there is a skip pattern on tab GG0170, question Q1. If the answer is No then questions R1 – SS are blacked out and should be skipped.

Additional information about ADLs: Because the added information is significant, the assessment preview will be longer. You can use the global setting POC > 0784 to print either detailed or summary information.

ADLs GG0100 GG0130 GG0170 History

#### (GG0170) Mobility

Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s). **Use the bottom half of the screen to answer each question.**

**Safety and Quality of Performance** – If helper assistance is required because patient's performance is unsafe or is of poor quality, score according to amount of assistance provided.

*Activity may be completed with or without assistive devices.*

**If activity was not attempted, code reason (07, 09, 10 or 88)**

<input checked="" type="radio"/> A1	<input type="radio"/> B1	<input type="radio"/> C1	<input type="radio"/> D1	<input type="radio"/> E1	<input type="radio"/> F1	<input type="radio"/> G1	<input type="radio"/> I1	<input type="radio"/> J1	<input type="radio"/> K1	<input type="radio"/> L1	<input type="radio"/> M1	<input type="radio"/> N1	<input type="radio"/> O1	<input type="radio"/> P1	<input type="radio"/> Q1	<input type="radio"/> R2	<input type="radio"/> S1	<input type="radio"/> SS
<input type="radio"/> A2	<input type="radio"/> B2	<input type="radio"/> C2	<input type="radio"/> D2	<input type="radio"/> E2	<input type="radio"/> F2	<input type="radio"/> G2	<input type="radio"/> I2	<input type="radio"/> J2	<input type="radio"/> K2	<input type="radio"/> L2	<input type="radio"/> M2	<input type="radio"/> N2	<input type="radio"/> O2	<input type="radio"/> P2	<input type="radio"/> R1	<input type="radio"/> RR	<input type="radio"/> S2	<input type="radio"/>
<input type="radio"/> 06	<input type="radio"/> 05	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 05	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 05	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.

#### 1. SOC/ROC Performance

- ☒ 06. Independent – Patient completes the activity by him/herself with no assistance from a helper.
- ☐ 05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- ☐ 04. Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- ☐ 03. 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.
- ☐ 02. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- ☐ 01. 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.
- ☐ 07. Patient refused
- ☐ 09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- ☐ 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- ☐ 88. Not attempted due to medical conditions or safety concerns

## New OASIS D Item 2: J1800 and J1900

J1800 and J1900 are required on Transfer, Death and Discharge assessment types.

**J1800 Any Falls Since SOC/ROC, whichever is more recent**

**J1900 Number of Falls Since SOC/ROC, whichever is more recent**

### Point of Care – J1800 and J1900 on Safety Screen

We have updated the assessment to make the Safety screen required on all discharge assessments.

**!** Safety Concerns **!** J1800,J1900 **i** 485 Box 15 - Safety Measures **i** ROM, Strength, Balance, etc.

– **!** Any Falls Since SOC/ROC, whichever is more recent

**(J1800) Any Falls Since SOC/ROC, whichever is more recent**

☐ 0 No

☐ 1 Yes

– **!** J1900 Number of Falls since SOC/ROC, whichever is more recent

**(J1900) Number of Falls Since SOC/ROC, whichever is more recent**

CODING:	0. None	1. One	2. Two or more
A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2