

## OASIS E New Data Items Review Handout


- [Access the Post-Training Evaluation and Certificate click here](#)
- [Access to the OASIS E User Manual click here](#)
- [Access to the OASIS E All Items Set click here](#)
- [Access to the Federal Register for HHA click here](#)
- [Access to the IMPACT Act of 2014 Data Standardization & Cross Setting Measures click here](#)

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- [Click here to access the Ohio Department of Health Outcome and Assessment Information Set \(OASIS\) webpage](#)

## Common Acronyms

OASIS.....	Outcome and Assessment Information Set
HHA.....	Home Health Agency
PPS.....	Prospective Payment System
PDGM.....	Patient-Driven Groupings Model
CMS.....	Centers for Medicare and Medicaid Services
SOC.....	Start of Care
ROC.....	Resumption of Care
FU.....	Recertification or Other Follow-Up
TRN.....	Transfer to Inpatient Facility
DC.....	Discharge from HHA Care, not an in-patient facility
DAH.....	Death at Home
ADL.....	Activity of Daily Living
IADLs.....	Instrumental Activities of Daily Living
PT.....	Physical Therapy
OT.....	Occupational Therapy
SLP/ST.....	Speech Language Pathologist/Speech Therapist
QRP.....	Quality Reporting Program



**OASIS E**  
New Data Items Review

**Ohio** | Department of Health

**Cheryl Moya, RN**  
OASIS Education Coordinator  
Ohio Department of Health

Date: 11/08/22

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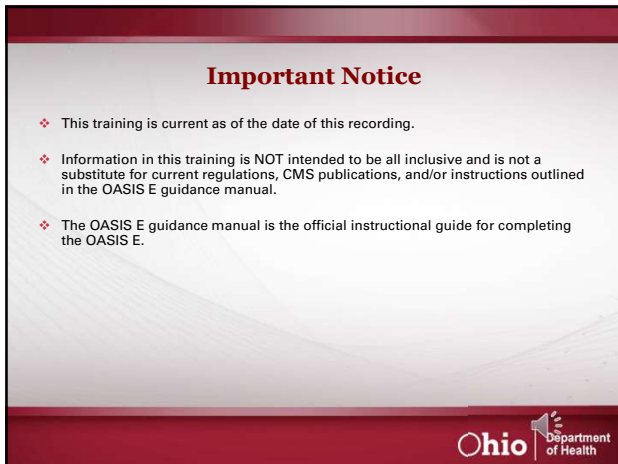
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**Important Notice**

- ❖ This training is current as of the date of this recording.
- ❖ Information in this training is NOT intended to be all inclusive and is not a substitute for current regulations, CMS publications, and/or instructions outlined in the OASIS E guidance manual.
- ❖ The OASIS E guidance manual is the official instructional guide for completing the OASIS E.

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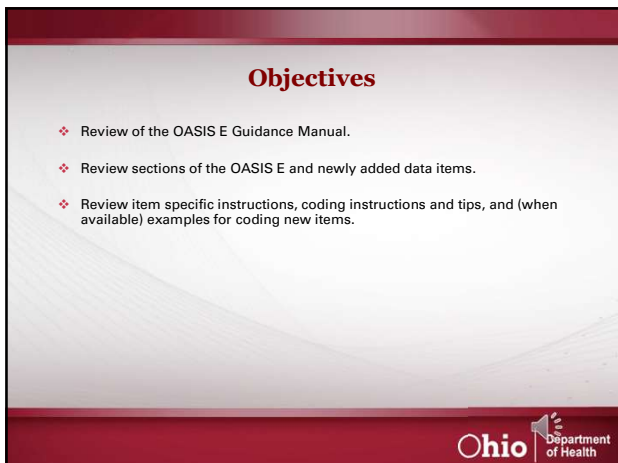
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**Objectives**

- ❖ Review of the OASIS E Guidance Manual.
- ❖ Review sections of the OASIS E and newly added data items.
- ❖ Review item specific instructions, coding instructions and tips, and (when available) examples for coding new items.

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## Resources

- ❖ OASIS E User Manual.
- ❖ OASIS E All Items Set.
- ❖ Federal Register for HHA.
- ❖ IMPACT Act of 2014 Data Standardization & Cross Setting Measures.



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## Acronyms

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QRP.....	Quality Reporting Program



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## Home Health Final Rule CY 2022

- ❖ Implementation of the OASIS E 01/01/2023
  - ❖ Transfer of Health Information to Provider Post-Acute Care measure.
  - ❖ Transfer of Health Information to Patient Post-Acute Care measure.
  - ❖ Standardized Patient Assessment Data Elements (SPADES).
- ❖ Annual recalibration of Patient-Driven Groupings Model (PDGM)
- ❖ Occupational Therapist (OT) to conduct Initial and Comprehensive Assessments

Federal Register  
<https://www.federalregister.gov/documents/2021/11/05/2021-22888-medicare-and-medicaid-programs-cy-2022-home-health-prospective-payment-system-rate-update-home-impact-act-standardized-patient-assessment-data-elements>  
<https://www.cms.gov/Medicare/Quality-Improvement/Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014-IMPACT-Act-Standardized-Patient-Assessment-Data-Elements>



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**A: Administrative Information and Patient Tracking**

**A1010. Race**  
What is your race?  
↓  
Check all that apply

The patient declines to provide their race during the admission assessment stating, "I'd rather not answer."

**Coding:** A1010, Race would be coded as Y – Patient declines to respond.

**Rationale:** If a patient declines to respond to this item, then code only Y, Patient declines to respond. No attempts should be made to use proxy input or medical record documentation to complete A1010, Race when a patient declines to respond.

<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond
<input type="checkbox"/>	Z. None of the above

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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**A: Administrative Information and Patient Tracking**

**A1110. Language**  
Enter Code

☐ A. What is your preferred language?

☐ B. Do you need or want an interpreter to communicate with a doctor or health care staff?

0. No  
1. Yes  
9. Unable to determine

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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**A: Administrative Information and Patient Tracking**

The patient has Multiple Sclerosis. During the SOC assessment the patient is confused and unable to understand when asked if they have had a lack of transportation that has kept them from medical appointments, meetings, work, or from getting things needed for daily living. No proxy with related information is available, but the patient's medical record indicates that their sibling uses their car to transport the patient wherever the patient needs to go.

**Coding:** A1250, Transportation would be coded as Code C – No and Code X – Patient unable to respond.

**Rationale:** If neither the patient nor a proxy is able to provide a response, but the medical record documentation can provide the necessary information, code both the information in the medical record, and Code X, Patient unable to respond.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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**A: Administrative Information and Patient Tracking**

When the nurse visited a patient for their monthly Foley catheter change, the patient informed the nurse that they had been admitted to the hospital last week for a urinary tract infection.

**Coding:** Code A2120, 2, NA - the agency was not made aware of this transfer timely.

**Rationale:** When a home health agency is not made aware of a transfer to an inpatient setting timely, they are unable to provide the current reconciled medication list to the subsequent provider timely.

When the subsequent provider meets the requirement of providing the patient's current reconciled medication list to the subsequent provider.

EHR system.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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**A: Administrative Information and Patient Tracking**

For Home Health at Transfer: Complete A2122 only if:

A home health agency created a process to automatically send a patient summary document containing medications and other information using Direct Messaging (Direct Exchange) to the receiving acute care hospital's EHR when a patient is transferred to this hospital. The EHR vendors are members of a health information service provider, or HISP, and are in compliance with DirectTrust requirements<sup>4</sup>. The hospital clinicians can readily access the latest medication and other medical information which is 'pushed' or sent to their EHR.

**Coding:** Code Electronic Health Record (A) and Health Information Exchange (B) for A2122.

**Rationale:** Direct Messaging is interoperable exchange through a HIE such as a HISP and EHR (A) was used to generate and initiate the exchange of the information.

which information exchange is possible with external providers.

- o 1. Patient remained in the community (without formal assistive services) – or –
- o 4. Unknown, because patient moved to a geographic location not served by this agency – or –
- o U.K. Other unknown

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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**A: Administrative Information and Patient Tracking**

A patient will not be taking any prescribed or over the counter medications at the time of discharge.

**Coding:** If it is clearly documented that the patient is taking no medications and this is then clearly communicated to the patient, family, and/or caregiver when the patient is discharged, A2123 would be coded 1, Yes, that the medication list was transferred. If this information is not communicated to the patient, family and/or caregiver, code 0, No.

**Rationale:** Information confirming that the patient is not taking any medications at discharge is provided to the patient, family, and/or caregiver and meets the item intent of providing the patient's current reconciled medication list to patient, family, and/or caregiver.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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### B: Hearing, Speech, and Vision

**B0200. Hearing**

Enter Code

0.	Adequate – no difficulty in normal conversation, social interaction, listening to TV
1.	Mild/most difficulty – difficulty in some environments (e.g., when person speaks softly, or setting is noisy)

When asked about whether they can hear normal conversation without difficulty, patient responds, "When I'm at home, I usually keep the TV on a low volume and hear it just fine. When I have visitors, I can hear people from across the room."

**Coding:** B0200, Hearing, would be coded as 0, Adequate

**Rationale:** Patient hears normal conversational speech.

close by so that the speaker's face is visible.

**doctor or pharmacy?**

Enter Code

0.	Never
1.	Rarely
2.	Sometimes
3.	Often
4.	Always
7.	Patient declines to respond
8.	Patient unable to respond

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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### B: Hearing, Speech, and Vision

"I can't see much of anything at this point. I can see blurry shapes and I can tell what things are, but I can't read books anymore – even the ones with giant print. I do okay recognizing my caregivers by their voices, but I couldn't tell you what they look like. Everyone's just a blob of color, even with my glasses on." The patient's eyes appear to follow the assessor when they move about the room. When the assessor presents the patient with newspaper text, while wearing glasses, the patient is able to appropriately reach for and successfully hold the paper, but is not able to correctly read the headlines.

**Coding:** B1000, Vision, would be coded as 3, Highly impaired

**Rationale:** Patient is able to follow objects and track movement in the environment (e.g., people moving throughout the room), but is unable to see people or objects in detail.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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### B: Hearing, Speech, and Vision

When asked how often they need help when reading the instructions provided by their doctor, the patient reports that they never need help. The patient's son is present and shares that a family member must always accompany the patient to doctors' visits and that the patient often needs someone to explain the written materials to them multiple times before they understand, providing examples of needing to frequently explain to the patient why they are on a special diet and why and how to take some of their medications.

**Coding:** B1300, Health Literacy is coded as Code 0, Never.

**Rationale:** The patient indicated they never need help reading instructions from their doctor or pharmacist. B1300, health literacy is intended to be a patient self-report item and no other sources, including proxy/caregivers, should be used to identify the response to this item.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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## C: Cognitive Patterns

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?  
 C0200. Repetition of Three Words.  
 C0300. Temporal Orientation (Orientation to year, month, and day).  
 C0400. Recall.  
 C0500. BIMS Summary Score.  
 C1310. Signs and Symptoms of Delirium.  
 M1700. Cognitive Functioning.  
 M1710. When Confused.  
 M1720. When Anxious.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023



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## C: Cognitive Patterns

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?  
 Attempt to conduct interview with all patients.

Enter Code

☐

0. No (patient is rarely/never understood) → Skip to C1310, Signs and Symptoms of Delirium (from CAM ©)  
 1. Yes → Continue to C0200, Repetition of Three Words

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023



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### C0200-C0500: Brief Interview for Mental Status (BIMS)

- Interview any patient not screened out by C0100
- Conduct the interview in a private setting
- Test using the patient's usual visual aids.
- Minimize glare
- Provide a written introduction before starting the interview
- Suggested language: "I would like to ask you some questions, which I will show you in a moment. We ask everyone these same questions. This will help us provide you with better care. Some of the questions may seem very easy, while others may be more difficult. We ask these questions of everyone so we can make sure that our care will meet your needs."
- Provide written questions for each item in C0200 through C0400 at one sitting and in the order provided.
- If the patient chooses not to answer a particular item, accept their refusal and move on to the next question. Code refusals as incorrect/no answer or could not recall.
- Rules for stopping the interview are the same as for administering the BIMS verbally

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023



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**C0200 Repetition of Three Words**

Ask patient: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are sock, blue, and bed. Now say the three words."  
Number of words repeated after first attempt:

0. None  
1. One  
2. Two  
3. Three

Assessing clinician asks patient to state the year. The patient says, "Oh what difference does the year make when you're as old as I am?" The clinician asks the patient to try to name the year, and the patient shrugs.

**Coding:** This answer is coded 0, incorrect but would NOT be considered a nonsensical response.

**Rationale:** The answer is wrong because refusal is considered a wrong answer, but the patient's comment is logical and clearly relates to the question.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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**C: Cognitive Patterns**

The assessing clinician says, "The words are sock, blue, and bed. Now please tell me the three words." The patient says, "Blue socks belong in the dresser." The clinician codes according to the patient's response. Then the clinician repeats the three words plus the category cues, saying, "Let me say the three words again. They are sock, something to wear; blue, a color; and bed, a piece of furniture. Now tell me the three words." The patient says, "Oh yes, that's right, sock, blue, bed."

**Coding:** C0200 Repetition of Three Words would be coded 2, two of the three words correct.

**Rationale:** The patient repeated two of the three items—blue and sock on the first attempt. The patient put the words into a sentence, resulting in the patient repeating two of the three words.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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**C: Cognitive Patterns**

The day of interview is Monday, June 27, 2020. The patient, responding to the question, "What day of the week is it today?" states, "Today is a good day."

**Coding:** C0300C would be coded 0, incorrect.

**Rationale:** The patient did not answer the question correctly.

patient must state "2020," "not 20" or "1820" or "1920."

Ask patient: "What day of the week is today?"

C. Able to report correct day of the week

0. Incorrect or no answer  
1. Correct

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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### C: Cognitive Patterns

The patient is asked to recall the three words. The patient answers, "I don't remember." The assessor then says, "One word was something to wear." The patient says, "Clothes." The assessor then says, "OK, one word was a color." The patient says, "Blue." The assessor then says, "OK, the last word was a piece of furniture." The patient says, "Couch."

**Coding:** C0400A, sock, would be coded 0, no—could not recall.

**Rationale:** The patient did not recall the item, even with a cue.

**Coding:** C0400B, blue, would be coded 1, yes, after cueing.

**Rationale:** The patient did recall after being given the cue.

**Coding:** C0400C, bed, would be coded 0, no—could not recall.

**Rationale:** The patient did not recall the item, even with a cue.

**Rationale:** The patient independently recalled the item on the first attempt.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023



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### C: Cognitive Patterns

The patient

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**Coding:** C0500- BIMS summary score would be coded 12 (Sum of C0200-C0400C).

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023



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### C: Cognitive Patterns

**C1310. Signs and Symptoms of Delirium (from CAM®)**

The assessing clinician asks a patient, who is often confused, to give the date, and the patient's response is: "Let's go get the sailor suits!" The patient continues to provide irrelevant or nonsensical responses throughout the interview, and their family indicates this is constant.

**Coding:** C1310C would be coded 1, behavior continuously present, does not fluctuate.

**Rationale:** All sources agree that the disorganized thinking is constant.

**Rationale:** few as one source notes fluctuation, then the behavior should be coded 2.

(comes and goes, changes in severity)



- **vigilant** – startled easily to any sound or touch
- **lethargic** – repeatedly dozed off when being asked questions, but responded to voice or touch
- **stuporous** – very difficult to arouse and keep aroused for the interview
- **comatose** – could not be aroused

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023



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### D: Mood

**DEFINITION**  
A valid stand

**PHQ-9**  
Symptoms  
1. No  
2. Yes  
3. Not  
4. Little  
5. Feeling  
6. Trouble  
7. Poor  
8. Feeling  
9. Trouble  
10. Moving  
11. Fidgety  
12. Thought

- Interact with the patient using their preferred language.
- Offer alternatives such as writing, pointing, sign language, or cue cards.
- An interpreter should not attempt to determine the intent behind what is being translated, the outcome of the interview, or the meaning or significance of the patient's responses.
- A cue card with the response choices clearly written in large print might help the patient comprehend the response choices.
- Ask the first two questions (D0150A and D0150B) of the Patient Mood Interview (PHQ-2 to 9).
- Read the item as it is written.
- Do not provide definitions.
- Each question must be asked in sequence to assess presence (column 1) and frequency (column 2) before proceeding to the next question.
- Enter code 9 if the patient was unable or chose not to complete the interview or responded nonsensically and/or the agency was unable to complete the assessment.
- For a yes response, ask the patient to tell you how often they were bothered by the symptom over the last 2 weeks.
- If rarely/never understood: Code D0150A1 and D0150B1 as 9 (No response) and leave D0150A2 and D0150B2 blank, end the PHQ-2 interview and skip D0160.
- Determine whether to complete the PHQ-9 based on the patient's responses to the PHQ-2 (D0150A and D0150B).
- If both D0150A2 and D0150B2 are less than 2 there is no need to continue to the PHQ-9.
- End the PHQ-2 and enter the total score from D0150A2 and D0150B2 in D0160 – Total Severity Score.
- If both D0150A2 and D0150B2 are blank, then end the PHQ-2 and skip D0160.
- If either D0150A2 or D0150B2 are 2 or 3, then you must complete the PHQ-9.
- Proceed to ask the remaining seven questions (D0150C to D0150I) of the PHQ-9 and complete D0160 – Total Severity Score.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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### Coding Tips

Assessing clinician: reading the newspaper

Patient: "Television"

Assessing clinician: concentrating on the days?

Patient: "I'd say every day."

Coding: D01 frequency)

Rationale: T every day.

- Attempt to conduct the interview with ALL patients.
- If the patient uses their own words to describe a symptom, this should be briefly explored.
- Select only one frequency response per item. If the patient has difficulty selecting between two frequency responses, code for the higher frequency.
- If Column 1 equals 0, enter 0 in Column 2.
- If Column 1 equals 9, leave Column 2 blank.
- If the patient cannot quantify a frequency, code the presence of the symptom as "1: Yes" in Column 1 and enter a dash in Column 2.
- Patients may respond to questions verbally, by pointing to their answers on the cue card, or by writing out their answers.
- Repeat a question if you think that it has been misunderstood or misinterpreted.
- Validate your understanding by asking for clarification.
- If the patient has difficulty selecting a frequency response, start by offering a single frequency response and follow with a sequence of more specific questions. This is known as unfolding.
- Noncommittal responses such as "not really" should be explored. This is known as probing.
- To narrow the answer to the response choices available, summarize their longer answer and then ask them which response option best applies. This is known as echoing.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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### Rules for computing D0160, Total severity score

**D0160**  
Enter

**Ratio**  
D0160  
missing

- If all of the items in Column 2 have a value of 0, 1, 2, or 3, then item D0160 is equal to the simple sum of those values.
- If any of the items in Column 2 are skipped or equal to dash, then omit their values when computing the sum.
- If the number of missing items in Column 2 is equal to one, then compute the simple sum of the eight items in Column 2 that have non-missing values, multiply the sum by 9/8 (1.125), and place the result rounded to the nearest integer in item D0160.
- If the number of missing items in Column 2 is equal to two, then compute the simple sum of the seven items in Column 2 that have non-missing values, multiply the sum by 9/7 (1.286), and place the result rounded to the nearest integer in item D0160.
- If the number of missing items in Column 2 is equal to three or more, then item D0160 must equal [99].

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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## J: Health Conditions

**Assessing clinician:** "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"

**Patient:** "The pain has made it hard to do pretty much anything. Even getting out of bed to brush my teeth has been hard. I haven't been able to talk to my family because the pain is so bad. It's just constant. I'd say it constantly limits what I do."

**Coding:** J0530 would be coded 4, Almost constantly.

**Rationale:** The patient reports that pain has constantly limited participation in other activities.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023



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## K: Swallowing and Nutritional Status

### PARENTERAL/IV FEEDING

Introduction of a nutritive substance into the body by means other than the intestinal tract (e.g., subcutaneous, intravenous).

### FEEDING TUBE

*A patient is admitted with orders for an antibiotic in 100 cc of normal saline via IV for symptoms of a urinary tract infection (UTI). Prior to their SOC/ROC with home health, the patient had been on a chopped diet due to facial trauma. They will be discharged today after rehabilitation services for multiple fractures after a car accident. The patient has been on a regular diet during their entire home health stay and has not required any parenteral or enteral nutrition.*

**Coding:** K052024 and K052025 would be checked.

**Rationale:** The patient had a regular diet their entire home health stay and did not require any nutritional modifications. The time period under consideration for the discharge assessment and are expected to continue after discharge.

### THERAPEUTIC DIET

### THERAPEUTIC DIET

A therapeutic diet is a diet intervention prescribed by a physician or other authorized non-physician practitioner that provides food or nutrients via oral, enteral and parenteral routes as part of treatment of disease or clinical condition to modify, eliminate, decrease, or increase identified micro- and macro-nutrients in the diet.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023



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## M: Skin Conditions

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023



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### N: Medications

**SOC/ROC and Discharge**

At discharge, a patient's documentation indicates they are taking oxycodone for pain. Tramadol is also listed but there is no indication documented for the Tramadol.

**Coding:** Medications in N0415, would be coded as follows: Column 1 (is taking) would be checked for H. Opioid. Column 2 (Indication noted) would not be checked for H. Opioid.

**Rationale:** Column 1, H. Opioid is checked because the patient is taking oxycodone and tramadol, both medications within that class. However, all medications in the class need the indication to be documented to check Column 2.

2. None of the Above

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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### O: Special Treatments, Procedures, and Programs

	J1. Dialysis	
	J2. Hemodialysis	
E1. Tracheostomy	J3. Peritoneal dialysis	
F1. Invasive mechanical ventilation (e.g., ventilator)	O1. IV Access	
G1. Non-invasive mechanical ventilation (e.g., CPAP)	O2. Peripheral	
G2. Non-invasive mechanical ventilation (e.g., CPAP)	O3. Mid-line	
G3. Non-invasive mechanical ventilation (e.g., CPAP)	O4. Central (e.g., PICC, tunneled, port)	
	None of the Above	
	Z1. None of the Above	
	E1. Tracheostomy care	

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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### O: Special Treatments, Procedures, and Programs

A patient has multiple myeloma and was discharged from an acute hospitalization after a pathologic vertebral fracture with significant pain. On admission to home health, referral documentation and

During the home health start of care assessment, the assessing clinician learns that a patient has sleep apnea and requires a CPAP device to be worn when sleeping. The patient's spouse sets-up the humidifier element of the CPAP and the patient puts on the CPAP mask prior to falling asleep.

**Coding:** Check boxes O0110G1 (Non-invasive Mechanical Ventilator) and O0110G3 (CPAP).

**Rationale:** The patient is able to breathe on their own and wears the CPAP mask when sleeping to manage the sleep apnea.

IV medication (pamidronate), which falls under "other" IV medications, and has a port. The transfusions are noted to not be related to chemotherapy, and as such should be coded separately.

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023

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### Q: Participation in Assessment and Goal Setting

Section Q Participation in Assessment and Goal Setting			
<b>M2401. Intervention Synopsis</b> At the time of or at any time since the most recent SOC/ROC assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented? (Mark only one box in each row.)			
Plan/Intervention	No	Yes	Not Applicable
Check only one box in each row.			
b. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA
c. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA
d. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA
e. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA
f. Pressure ulcer treatment based on principles of moist wound healing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA

Source: OASIS E Guidance Manual Effective 1/1/2023; OASIS E All Items Set Effective 01/01/2023



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