

SHOW ME: Enhancing OASIS Functional Assessment

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Have you ever felt that the search for Outcome and Assessment Information Set (OASIS) accuracy is endless? In 2007, the administrators and clinical managers at Professional Healthcare Resources, Inc. (PHRI) looked at the agency's functional outcome indicators (improvement in bathing, transferring, ambulation/locomotion, and management of medications) and shook our heads. Once again, the outcomes did not seem to capture our intuitive sense of the degree to which our patients actually did functionally improve under our care. Why were these outcomes not better?

Our home health agency has 8 offices in the Maryland, Virginia, and the metro DC area. Each week, our administrators and clinical managers meet to discuss quality issues via a conference call. As we reviewed the most recent Home Health Compare outcomes for each office, we considered possible causes for outcome reports that did not match clinicians' reports of patient progress.

The clinical managers of PHRI review their teams' patient outcomes at discharge. When patients do not improve, the managers frequently discuss the outcomes with the cli-

nicians involved in the care of those patients. Now they voiced their opinions about possible reasons for "inaccurate outcomes." Comments included the following:

- Nurses are not skilled at performing functional assessments. They still rely more on interview than observation despite being told they must ask the patient to demonstrate his or her activities of daily living (ADLs) and instrumental activities of daily living (IADLs) before answering OASIS M0640-M0810.
- Even therapists fail to perform an adequate assessment in some functional areas, especially neglecting to assess patients' ability to select and administer oral medications safely.
- When admitting a patient, some therapists do not adequately assess patients' ability to ambulate safely on all surfaces they need to transverse in the home and to transportation, which they do capture at discharge.
- Nurses frequently admit patients who are discharged by therapists. They often score patients' functional status higher

than a therapist would at admission. Nurses tend to overestimate patients' functional abilities at admission, whereas therapists seem to capture the patient's functional status adequately at discharge. This interrater variability leads to an erroneous "no improvement" when patients' functional abilities actually have improved significantly.

After identifying these problems, PHRI selected a small performance improvement team consisting of a nurse, a physical therapist, and an occupational therapist (the authors of this article) to develop a performance improvement plan. This article describes SHOW ME, the 1-page tool and process we developed to address these problems. But first, let's frame our solution in terms of why Medicare believes functional assessment and outcomes are so crucial to good patient care.

Importance of Functional Assessment and Care Planning

To have a high quality of life at home, home health patients need to perform their ADLs and IADLs (Table 1). Functional inde-

Table 1. ADLs and IADLs

OASIS Activities of Daily Living (ADLs)	
M0640	Grooming
M0650	Dressing upper body
M0660	Dressing lower body
M0670	Bathing
M0680	Toileting
M0690	Transferring
M0700	Ambulation/locomotion
M0710	Eating/feeding
OASIS Instrumental Activities of Daily Living (IADLs)	
M0720	Meal preparation
M0730	Transportation
M0740	Laundry
M0750	Housekeeping
M0760	Shopping
M0770	Telephone use
M0780-800	Medication management
M0810	Equipment management
Functional Quality Indicators Exhibited on Home Health Compare Web Site	
M0670	Bathing
M0690	Transferring
M0700	Ambulation/locomotion
M0780	Oral medication management

Note. From CMS, 2008.

pendence is associated with health and well-being (Graf, 2006). Yet, many of home care’s patients come to us with a recent decline in functional ability.

Nearly one third of all hospitalized patients older than 70 years are discharged from the hospital with a decline in their ability to meet their ADL needs (Brown, Friedkin, & Inouye, 2004). Because of the limited mobility imposed on patients for their illness/injury while in the hospital, patients can become rapidly deconditioned.

Indeed, a significant deconditioning (decrease in muscle mass causing muscle weakness) can occur within 2 days of a patient’s hospitalization (Hirsch, Sommers, Olsen, Jullen, & Winograd, 1990, as reported in Graf, 2006).

Home care nurses and therapists have a professional and ethical responsibility to identify functional deficits accurately so they can appropriately develop care plans that return patients to the highest functional level possible. To

identify functional deficits, nurses and therapists must perform an appropriate assessment of patients’ abilities so they know what rehab services and exercise programs will help them reach their potential.

Our patients deserve good assessments, which lead to good care planning and thus ultimately to good outcomes. Although our agencies’ administrators and performance improvement directors want us to achieve good outcomes, our patients are even more invested in the outcomes we achieve.

In its recent series on best practice geriatric assessment tools, the *American Journal of Nursing* highlighted the value of assessing the ADLs and IADLs of older patients. When patients show signs of functional decline, the authors suggest that clinicians use the Katz Index of Independence in Activities of Daily Living and the Lawton Instrumental Activities of Daily Living Scale to help them intervene appropriately (Graff, 2008; Wallace & Shelkey, 2008). The OASIS functional assessment incorporates the assessment parameters of these best practice tools.

SHOW ME Tool

To resolve the inadequate functional assessments and the problems with interrater reliability our managers identified, we developed SHOW ME (Figure 1). With the SHOW ME mnemonic, clinicians can easily remember what they actually must observe patients do before they answer the various OASIS functional assessment items.

Functional Assessment SHOW ME

S	Shirt & Shoes • Observe patient don/doff shirt and a shoe/sock	M0650 M0660
H	Hike to bathroom • Observe transfer on/off bedside commode/toilet • Observe transfer in/out tub/shower • Ask patient to reach head, lower back, & toes	M0670 M0680 M0690
O	Organization and use of grooming utensils • Shaving equipment • Comb/brush • Toothbrush	M0640
W	Walk through home to all areas needed for ADLs/IADLs • Bedroom, kitchen, laundry, access to transportation • Include all surfaces—even & uneven surfaces, stairs & steps • Note cleanliness of clothes/home & ask who does laundry/ housekeeping	M0700 M0740 M0750
M	Medications • Observe where meds kept & device/techniques used to take meds as ordered • Observe ability to select right med, right dose, right time	M0780 M0790 M0800
E	Eating and making meals • Access to/use of refrigerator and microwave or stove • Carry meal to table • Chew and swallow adequately	M0710 M0720

Definitions

- “Supervision”—watching performance
- “Verbal cueing”—watching and talking through
- “Assistance”— Physical contact
 - Minimal: 25%-50% (touching)
 - Moderate: 50%-75% (holding)
 - Maximal: 75%-100% (carrying)

Ability to perform during an entire 24-hour period, in patient’s own environment, as influenced by

- Physical factors (endurance, strength, pain, fatigue, dyspnea, vision/sensory, etc.)
- Cognitive factors (memory, orientation, etc.)
- Psychological factors (fear, depression, psychosis, etc.)
- Environmental factors (arrangement of home, stairs, clutter, facilities available)
- Medical contraindications (restrictions on driving, stair climbing, etc.)
- **SAFELY!!!!** (If performing the activity, but not safely, increase functional deficit)

If Functional Deficits, Plan Care! Achieve better outcomes for our patients with referrals!!!

- Deficits in ambulation or transferring → PT
- Deficits in ADLs or IADLs → OT
- Deficits in IADLs, no caregiver → MSW
- Deficits in eating, related to swallowing → SLP
- Deficits in medication management → RN
- Difficulty with grooming, dressing, bathing → HHA

Figure 1. Functional assessment: SHOW ME tool. ©2008 Professional Healthcare Resources, Inc.

The tool describes the activities the clinician must observe for each functional OASIS question. We included observation requirements for almost all the M0 questions, from the grooming question (M0640) to the management of medications (M0800).

To cue clinicians further concerning the elements of a good functional assessment, we included several other elements on the 1-page SHOW ME tool. Because we discovered that many nurses do not know the definitions therapists use for “supervision,” “verbal cuing,” and “assistance,” we included the definitions of these terms in the tool. We also included a reminder about the many factors that can impair a patient’s functional abilities: physical, cognitive, and psychological disabilities or deficits as well as environmental barriers and medical contraindications. We stressed the importance of giving a patient who is doing an activity, but not doing it safely, a lower functional score (higher numerical score) because to assess and truly capture a patient’s needs, the lower functional score is indeed the appropriate score.

Finally, we reminded our clinicians that if the patient has deficits in any of the functional assessment areas, especially in performing ADLs and medication management, the clinician should request an order from the physician for a referral to appropriate team members. If we do not get the right team members involved, the patient will not have the benefit of the services that would help him or her achieve maximum functional potential.

Table 2. Home Health Compare Results Before and After SHOW ME for Branch A

Functional Quality Measures	Branch A 12/07, %	Branch A 9/08, %	National Average 9/08, %
Patients who got better at walking or moving around	44%	48%	44%
Patients who got better at getting in and out of bed	45%	53%	53%
Patients who got better at bathing	59%	65%	64%
Patients who got better at taking their medicines correctly by mouth	37%	44%	43%

Note. This table shows the outcome improvement achieved in one of PHRI’s 8 branch offices and the four functional outcomes addressed by Home Health Compare. (Space limitations preclude showing outcomes from all branches. Charts for all of PHRI’s 8 branches can be obtained via e-mail request to the lead author.)

To introduce our staff to this new quality improvement tool, we printed the SHOW ME tool, placing it in a page protector sleeve for each clinician. We held in-services during team meetings at each of our offices, at which we explained how to use SHOW ME and illustrated its use with patient scenarios. We changed our assessment policy to mandate that all clinicians use SHOW ME. With these policy and education interventions, we hoped to ensure that all our patients received an appropriate in-depth functional assessment. We also hoped to eliminate the discrepancies managers reported between nurse and therapist evaluations.

To ensure compliance with the required SHOW ME assessment, we revised the tool our clinical managers use to evaluate clinicians on joint visits. Each clinician must show competency in a start-of-care visit, during which the clinical manager evaluates the clinician’s

use of SHOW ME and the clinician’s ability to record accurate OASIS data from that assessment. Staff members whose joint visits or documentation indicate problems with performing and interpreting the SHOW ME assessment must attend the functional assessment segment of our orientation program and pass our OASIS written test.

Outcomes of SHOW ME

Generally, most clinicians report an average of about 10 to 15 minutes to perform the SHOW ME assessment depending on the size of the patient’s home and the degree of difficulty the patient has performing the activities. The time it takes to perform the assessment can be shortened if the clinician and the patient can multitask by performing the interview-dependent assessment (e.g., history, pain) while the patient walks through the home for the SHOW ME activities.

The information obtained from this assessment seems to be well worth the time invested because managers report that there are fewer “no improvements” on the discharge assessments. In addition, clinicians report that they also have obtained better data for the sensory (vision, pain), physical (dyspnea, incontinence), and cognitive/ emotional (anxiety, confusion) OASIS questions than they would have without the SHOW ME assessment. We also believe that the enhanced assessments have led to better care planning and more appropriate rehab referrals, as evidenced by our improved Home Health Compare indicators. Indeed, in most of our offices, our functional quality indicators now exceed state and national benchmarks (Table 2). We plan to monitor our functional assessment outcomes as part of our ongoing quality program and make revisions to our SHOW ME project as indicated by the quality indicators.

However, the most important outcome is that patients receive an appropriate in-depth functional assessment. This assessment enables us to identify problems the patient has and the opportunities we have to help the patient improve so we can help our patients achieve maximal health and well-being. ■

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