Oklahoma State Department of Health

OASIS News You Can Use

Oklahoma State Department of Health
Quality Improvement & Evaluation Service (405) 271-5278
Nancy Atkinson, Service Director

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Special points of interest:

- Exercise
- Director's Corner: Governor's Healthy Aging Summit
- OASIS Coding Tips
- Automation Tips, Reminders & Updates

Exercise: the healthiest thing a person can do -Wanda Roberts, RN

It is conventional wisdom that exercise is good for you. Despite this knowledge individuals continue to live out a sedentary existence. In fact, the World Health Organization (WHO) listed physical inactivity as the world's fourth leading cause of global mortality. In the United States only about 40% of Americans get enough exercise. Among the states, Oklahoma ranks as the 44th least active state in the nation.[1] The risks of being sedentary have been documented in hundreds of studies. Frequently, when older people lose the capability of doing things on their own, it doesn't come about just because they've aged. It usually occurs when they are not active. Lack of physical activity also can lead to more doctor visits, hospitalizations, and medication use. Living a long and healthy life is best achieved by exercising regularly. In fact, studies continue to show that exercising and being physically active improve the health and well-being of all people including those who are frail and aging.

One 10 year study done by the British Medical Journal showed that men past middle age who changed their physical activity levels from low to high achieved the same physical benefit at the close of the study as those (continued on Page 2)

Director's Corner: Diane Henry, RN

On December 15, 2014, Governor Mary Fallin kicked off an Oklahoma initiative to improve the health of older adults over the next four years. Over 300 individuals representing health care organizations and associations, tribal organizations, nursing homes, and private citizens registered for the governor's "Healthy Aging Summit: Living Longer Better".

The purpose of the summit was to reach agreement on statewide goals for significant improvements in health outcomes for older adults.

The keynote speaker was Dr. Roger Landry, President of Masterpiece Living and author of "Live Long, Die Short: A Guide to Authentic Health and Successful Aging." Dr. Landry shared many "Pearls of Wisdom", one of which was, to live a healthier lifestyle, people should:

A. Move around
B. Have a strong social network
C. Make sure everyone in the community has a role or purpose
D. Work for the higher purpose of survival

Dr. Landry encouraged all Oklahomans to get up and move throughout the day. Moving more would not only lead to a decrease in falls, it would also improve balance, chronic diseases, GI tract motility and even mood.

"This is a critical time to hold a summit for healthy aging in Oklahoma. While we have many challenges in Oklahoma, we are well positioned to build on and strengthen innovative partnerships to drive dramatic improvements in the health of our older adults," said Dr. Terry Cline, Commissioner and Secretary of Health and Human Services.

(Adapted from the Oklahoma State Department of Health's Summary Report on the Governor's Healthy Aging Summit).

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Exercise (continued from page 1)

who had started the study with a high activity level. The conclusion of this study was that someone who becomes physically active has the same impact on their longevity as one who stops smoking.

Actually, there are a number of remarkable benefits resulting from exercise. Increasingly literature strongly proposes that exercise may diminish cognitive impairment and reduce dementia risks. One study among individuals with dementia or cognitive impairment revealed that after 6-12 months of exercise their cognitive scores were improved compared with sedentary controls. The study concluded that ongoing, moderate-intensity physical exercise should be considered as a remedy for decreasing cognitive risks and reducing cognitive decline in all ages.

Exercise has also shown (counterintuitively to some) to improve on symptoms associated with osteoarthritis. Strength training exercises performed by men and women for eight weeks resulted in decreased pain and greater mobility than in those who did not strength train. Staying active is also the most important thing that can be done to maintain a healthy back. Experts believe that regular exercise benefits by strengthening back and abdominal muscles and therefore averting pain.[2]

George Burns (who lived to be 100) used to say, "If I knew I was going to live this long, I would have taken better care of myself!"

Regular, moderate physical activity can also elevate your mood. It is useful in managing stress, and being active on a regular basis may help reduce feelings of depression. Studies also suggest that exercise can help improve or maintain the ability to shift quickly between tasks, plan an activity, and ignore irrelevant information.[3]

When older adults cannot do the recommended amounts of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow.[4]

Studies also show that regular exercise also lowers your risk of heart attack, coronary artery , type 2 diabetes, high blood pressure, stroke, breast and colon cancer, and obesity. It helps reduce insomnia, improves strength, balance and coordination which in turn decreases the risk of falling, fracturing a bone, or receiving a head injury.

Aerobic or moderate physical activity for the elderly is defined by the WHO as including: "leisure time physical activity (for example: walking, dancing, gardening, hiking, swimming), transportation (e.g. walking or cycling), occupational (if the individual is still engaged in work), household chores, play, games, sports or planned exercise, in the context of daily, family, and community activities."

In order to improve overall health and reduce the risk of non-communicable diseases, depression, and cognitive decline the WHO recommends the following for aged adults:

- To do at least 150 minutes of moderate-intensity aerobic physical activity in any time combination throughout the week. For example: 10 min increments 3 times a day.
- Aerobic activity should be performed in bouts of at least 10 minutes duration
- For additional health benefits, older adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week
- Older adults, with poor mobility, should perform physical activity to enhance balance and prevent falls on 3 or more days per week
- Muscle-strengthening activities, involving major muscle groups, should be done on 2 or more days a week
- When older adults cannot do the recommended amounts of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow.[4]

1.OSDH State of the States Health 2014 http://www.ok.gov/health/pub/boh/state/
2.John Hopkins Medical Letter Health After 50, 2009 Sept; 21(7):4-5: Exercise: the universal antidote for aging.
3.Exercise: Benefits of Exercise. (2015, January 1). Retrieved from http://nihseniorhealth.gov/exerciseforolderadults/healthbenefits/01.html
4.Physical Activity and Older Adults. (2015, January 1). Retrieved from http://www.who.int/dietphysicalactivity/factsheet_olderadults/en/

Tai Chi – a best practice approach

Many people believe that falls are a normal part of aging. The truth is, they're not. Regular physical activity is the first line of defense against falls and fractures.[1] Strength and balance exercises have proven to be a key intervention in preventing falls.

The Oklahoma State Department of Health (OSDH) Injury and Prevention Service has implemented Tai Chi as an integral part of the fall prevention program. Some of the benefits of Tai Chi include:

- Improves balance and posture
- Strengthens muscles
- Builds confidence from fear of falling
- Improves musculoskeletal conditions and
- Improves Functional limitations

These are just a few of the proven benefits that Tai Chi and exercise can provide for all those who choose to participate.

For more information on Tai Chi classes and/or instructor classes in your community, contact OSDH Injury and Prevention Service at:

(405) 271-3430 or

http://falls.health.ok.gov

1. OSDH Injury & Prevention Service, Injury Prevention Brief: Preventing Falls, July 2014. Available at: http://www.ok.gov/health2/documents/IP_Brief_Adult_Falls_TaiChi_ 2014.pdf

OASIS Assessment Tips

Question: M1900 Prior Functioning ADLs and IADLs identifies the patient's functional ability prior to the onset of the current illness, exacerbation of a chronic condition, or injury (whichever is most recent) that initiated this episode of care.

Sometimes a surgical procedure is what initiated the home health episode. For example, a patient was active, exercising and completely independent with ADLs/IADLs, then had decreased activity tolerance as a result of degenerative hip pain. The patient ended up undergoing joint replacement surgery. Home Health is now admitting the patient. At SOC, should the time period to consider for Prior Functioning ADL/IADL status be the period prior to the onset of joint pain, or the period just prior to the hip replacement surgery?

Answer: M1900 reports the patient's ability prior to the most recent illness, exacerbation or injury. In the above example, the timeframe to consider would be just prior to the hip surgery.

Question: M1800—M1900—ADLs/IADLs; I don't understand the difference between "willingness" and "adherence" (which do not impact OASIS scoring) and "cognitive/mental/emotional/behavioral impairment" (which may impact OASIS scoring). For instance, if a person is unwilling to bathe appropriately, resulting in poor hygiene, isn't the patient suffering from some sort of cognitive, mental, behavioral or emotional problem that would cause this unwillingness and non-adherence?

Answer: In absence of pathology, patients may make decisions about how and when they perform their ADLs that may differ from what the clinician determines to be acceptable. For purposes of OASIS scoring, non-conformity should not automatically be considered indicative of a deeper psychological impairment. The clinician will have to use clinical judgment to determine if the patient's actions are related to impairment, or to personal choice. (CMS OASIS Quarterly Q&As; (1) January 2015, Q.8; (2) Cat 4b, Q127.3).

OASIS Automation Tips

Bob Bischoff—Program Manager, MDS/OASIS Automation

Do you have a 3rd party vendor submitting for you?

In the event you do have a 3rd party vendor, what safeguards are in place for ensuring that the validation reports are reviewed for warnings and rejected error record messages. What communication level exists between you and the vendor? I would like to share a scenario with you that occurred since our last newsletter. First, I received a call from the State surveyor regarding the lack of data appearing on the Pre-survey Agency Reports. I advised the surveyor of numerous records that rejected and some large gaps of time between submissions. I later received a call from the OASIS coordinator at the agency and advised her of the same information. She was quite surprised and asked who her vendor was. I was unable to answer, as this is an agreement between her agency and the vendor. Later, she called again as she needed passwords to access various Certification And Survey Provider Enhanced Report (CASPER) reports. We eventually accomplished the task and about 5 days later she could verify the reports. Unfortunately for this agency, it was too late as they were already out of compliance. I share this with you because my goal is to assist you in maintaining compliance with the submission requirements. I recommend you review validation reports and utilize the CASPER reports for any possible red flags in order to remain compliant. Please contact our office for any assistance needed interpreting and accessing the CASPER reports.

MARK YOUR CALENDAR!

Upcoming OASIS Training (Tentative)

OASIS Automation

August 12, 2015

Shawnee

OASIS Clinical Training

November 17, 2015

OKC

November 19, 2015

Tulsa

Contact Us!

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Review Validation Reports

We have had issues with the ASAP system rejecting records with HIPPS version codes error –4820 that have been corrected 1-12-2015. Other errors that existed in ASAP that were also corrected, were invalid branches –4690, 4700 & 4720.

Please continue to review validation reports for error messages and rejected records. Remember delays in this review will only compound future errors.

When the above issue began, you may have contacted our department, and or your software vendor, only to determine the issue had not been resolved. Please resubmit those assessments and contact us your Oklahoma QIES Help Desk, if you need assistance. (405-271-5278).

Website:
http://oasis.health.ok.gov

Automation Tip:

CMS has posted the OASIS new correction policy. (S&C: 15-18-HHA) dated 1-9-2015. Do a search for S&C:15-18-HHA and you can review the revisions made to the correction policy. This policy is very similar to the existing policy that we have trained on for the past several years.

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