
The VNA Health Group (VNAHG) is a statewide home care provider in New Jersey, typically making more than 1,500 visits each day through certified home health aides, therapists, social workers, and visiting nurses. VNAHG’s Director of Quality and Accreditation Mary Anne McCabe RN, BSN, MS, CCM says the agency dedicates significant attention to ensuring accuracy of OASIS assessments and documentation. This is a fundamental element of effective operations, one that is essential to both high quality patient care and demonstrating quality through performance measures.

As Mary Anne McCabe puts it, “We are trying to connect the dots – staff need to understand how important their documentation is and that it should not be looked at in a silo. The documentation provides the overall patient picture which explains and provides the supportive evidence of their clinical assessment and the patient care needs. We think of accurate coding as clinicians taking credit for the care they are delivering.”

VNAHG views OASIS accuracy as a collaborative effort between departments. All departments are accountable, with Education and Quality having the leading supportive roles. VNAHG’s Quality Department is charged with having the most up to date OASIS information. Elements of VNAHG’s OASIS approach include:

Tools
- Clinical staffs use tablets to enter data on site in the patient homes. Tablets are equipped with the Home Care Home Base Electronic Medical Record (EMR) which guides the clinical assessment. The EMR is programmed with alerts to notify clinical staff of necessary follow up assessments or care interventions.
- EMR data feed automatically into the agency’s data analytics program from Strategic Health Partnerships (SHP). This enables the agency to review data and track performance specific to Home Health Compare and Star Ratings metrics.
- 100% of patient records are reviewed for OASIS accuracy before lock in and submission. Records are submitted to CMS twice weekly.

OASIS Training
- All new staff are tested for OASIS knowledge when they join the organization. As in any agency, there is a very broad spectrum of OASIS knowledge, ranging from nurses new to home health, to expert clinicians moving from one organization to another. Training can be tailored to address specific needs and gaps.
- OASIS certified staff contribute to orientation and ongoing training to clinical staff. Training segments focus specifically on assessment items that drive Star Ratings.
- Orientation includes an overview of OASIS and how to complete it accurately. As new staff are trained, clinical preceptors reinforce the link between assessment, documentation, and care planning.
Each staff member is assigned to a team with a supervisor-level ‘Patient Care Director.’ Team communications can address any aspect of patient care management and administration. Patient Care Directors teach or reinforce OASIS information as needed.

Initial training classes are offered to employees, along with ongoing quarterly webinars. Staff are expected to participate in webinars via the VNAHG online education library if they cannot participate in the live sessions. Expert guests—such as pharmacists or nurse specialists—are brought in to address clinical topics impacting OASIS accuracy. Recent webinars have addressed medication accuracy, falls risk, and functional status.

Some training targets specific type of clinicians. For example, recently VNAHG has emphasized the role of therapists in driving OASIS results. Therapists are doing more discharges and have important role in driving the OASIS final discharge reports. VNAHG trained therapy staff on standardized assessment skills, the impact of value-based purchasing, and the impact of coding on revenue.

To increase the number of staff with expertise, VNAHG has a robust educational reimbursement program. VNAHG provides for continuing education programs with CE’s internally through its online education programs and go to webinars. The organization also encourages external education through certification, degree programs and OASIS education programs with certification and coding for the appropriate staff and managers.

Monitoring
- VNAHG takes a collaborative approach to problem solving. If staff are inconsistent with coding or report problems, VNAHG may convene work groups or focus groups to get the right people together to problem solve and develop processes that work. The groups may recommend developing or updating policies, creating educational forums or other practical solutions.
- As noted, quality staff review 100% of records before submission. OASIS reviews focus on identifying areas to ensure consistency and accuracy in documentation; all start of care OASIS assessments must have a comprehensive note in SBAR (Situation / Background / Assessment / Recommendation) format that support the OASIS responses.

Resource Staff
- VNAHG uses certified OASIS coding specialists to review initial OASIS assessments. Prior to submitting data for payment, VNAHG reviews all records to ensure assessment data, OASIS codes, and clinical narrative are consistent.
- OASIS staff members are available to respond to coding and assessment questions from nurses and therapists and to interface with clinicians in the field. Back office staff review the documentation and have dialogues as needed on accuracy of answers.
- VNAHG’s Clinical Data Specialist Mehgan Gratacos, MPH works collaboratively with the Clinical teams in providing educational support for OASIS issues and performance improvement. When the dedicated staff and/or the Quality Department identify questions or problematic coding issues, Meghan, in collaboration with other OASIS-Certified staff, develops OASIS training presentations to support the clinical staff. She also develops the “OASIS Tips” of the month and circulates to all clinical staff.

Staying Patient-centered
- Even while emphasizing the importance of correct assessment and coding, VNAHG recognizes that staff need to not just focus on the documentation, but on the whole picture. This is key to delivering patient-centered care.
- VNAHG recognizes that outcomes measurement is the result of both clinical care and documentation. The agency reviews patient outcomes quarterly by team. If outcomes are not as expected, the group will analyze whether performance gaps result from actual clinical interventions or with coding. The outcomes analysis may identify patient needs, for example, higher use of referrals for palliative care, or need for investigation into adverse events.

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