

OASIS ITEM
<p><b>(M1500) Symptoms in Heart Failure Patients:</b> If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (such as dyspnea, orthopnea, edema, or weight gain) at any point since the previous OASIS assessment?</p> <p><input type="checkbox"/> 0 - No [<i>Go to M2004 at TRN; Go to M1600 at DC</i>]</p> <p><input type="checkbox"/> 1 - Yes</p> <p><input type="checkbox"/> 2 - Not assessed [<i>Go to M2004 at TRN; Go to M1600 at DC</i>]</p> <p><input type="checkbox"/> NA - Patient does not have diagnosis of heart failure [<i>Go to M2004 at TRN; Go to M1600 at DC</i>]</p>
ITEM INTENT
<p>Identifies whether a patient with a diagnosis of heart failure experienced one or more symptoms of heart failure at the time of the most recent OASIS assessment or since that time.</p> <p>This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices/assessments stated in the item are not necessarily required in the Conditions of Participation.</p>
TIME POINTS ITEM(S) COMPLETED
<p>Transfer to inpatient facility</p> <p>Discharge from agency – not to inpatient facility</p>
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> <li>• Select only response options 0, 1, or 2 if the patient has a diagnosis of heart failure in any one or all of: <ul style="list-style-type: none"> <li>- M1010: Inpatient Diagnoses,</li> <li>- M1016: Diagnoses Causing Change in Treatment, or</li> <li>- M1020/1022/1024: Primary/Secondary diagnoses for home care.</li> </ul> </li> <li>• Select "NA" if the patient does not have a diagnosis of heart failure.</li> <li>• Consider any new or ongoing heart failure symptoms that occurred at the time of the previous OASIS assessment or since that time.</li> </ul>
DATA SOURCES / RESOURCES
<ul style="list-style-type: none"> <li>• Review of clinical record including physical assessment data, weight trends, clinical notes using HHA systems put into place to accomplish such a review (e.g., flow sheets, reports from electronic health record data).</li> <li>• A complete list of symptoms of heart failure can be found in clinical heart failure guidelines in Chapter 5 of this manual.</li> </ul>

*Guidance for this item updated 12/18/2009*

OASIS ITEM
<p><b>(M1510) Heart Failure Follow-up:</b> If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? <b>(Mark all that apply.)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 - No action taken</li> <li><input type="checkbox"/> 1 - Patient's physician (or other primary care practitioner) contacted the same day</li> <li><input type="checkbox"/> 2 - Patient advised to get emergency treatment (e.g., call 911 or go to emergency room)</li> <li><input type="checkbox"/> 3 - Implement physician-ordered patient-specific established parameters for treatment</li> <li><input type="checkbox"/> 4 - Patient education or other clinical interventions</li> <li><input type="checkbox"/> 5 - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)</li> </ul>
ITEM INTENT
<p>Identifies actions the home health care providers took in response to symptoms of heart failure that occurred at the time of the most recent OASIS assessment or since that time. This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices stated in the item are not necessarily required in the Conditions of Participation.</p>
TIME POINTS ITEM(S) COMPLETED
<p>Transfer to an inpatient facility Discharge from agency - not to an inpatient facility</p>
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> <li>• Include any actions that were taken at least one time at the time of the last OASIS assessment or since that time.</li> <li>• If the interventions are not completed as outlined in this item, select Response 0 – No action taken. However, in this case, the care provider should document rationale in the clinical record.</li> <li>• If Response 0 is selected, none of the other responses should be selected.</li> <li>• Response 1 includes communication to the physician or primary care practitioner made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status. Response 1 is an appropriate response only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions. In many situations, other responses also will be marked that indicate the action taken as a result of the contact (i.e., any of responses 2-5).</li> <li>• Response 3 would be the best response for a situation in which either the home care clinician reminds the patient to implement or is aware that the patient is following physician-established parameters for treatment</li> </ul>
DATA SOURCES / RESOURCES
<ul style="list-style-type: none"> <li>• Review of clinical record including physical assessment data, weight trends, clinical notes, etc., at the time of the previous OASIS assessment or since that time.</li> <li>• Physician-ordered home health plan of care</li> <li>• Examples of standard clinical guidelines can be found in Chapter 5 of this manual.</li> </ul>