



# Home Health Virtual Training Program – Part 1

## Capstone Case Study

Lisa Newton, MSN, RN, NEA-BC  
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# Objective

- Apply knowledge acquired during the Home Health (HH) Virtual Training Program – Part 1 to accurately code a clinical case study using select OASIS-E items.



# Framework for the Case Study Activity

- The case study activity is composed of two components:
  - **Part 1:** Independent participant review and coding of select OASIS-E items for a home health patient scenario.
  - **Part 2:** Discussion of the correct coding responses and rationale during the virtual live Coding Workshop in September 2022.
- This presentation provides instructions on how to complete the first component and prepare for the coding workshop.



# Case Study Scenario

- The patient, Mr. P., is a 68-year-old African American/Filipino male admitted to an acute care hospital on June 2, 2022, after a fall.
- His acute care admission diagnoses include the following:
  - Fall without injury.
  - Embolic cerebral infarction.
  - Dysphagia.
  - Right-sided weakness.



# Case Study Scenario (cont.)

- Mr. P. was discharged to home on June 9, 2022.
- A home health agency referral was made for the following services:
  - Medication teaching/management.
  - Anticoagulation instruction/monitoring.
  - Assessment of need for supplemental oxygen.
  - Pain management.
  - Diet instruction.
  - Physical, speech, and occupational therapy.



# Part 1 – Case Study Activity Instructions

1. Download (you can also print) the following documents provided for this activity from the training platform:
  - HH Virtual Training Program – Part 1 Case Study Narrative.
  - HH Virtual Training Program – Part 1 Case Study Coding Response Sheet.
2. Read the Case Study Narrative.
3. Code the subset of OASIS-E Start of Care (SOC) and discharge items identified for Mr. P. and provide your answers on the Case Study Coding Response Sheet.
4. Bring your completed case study materials to the virtual live Coding Workshop in September 2022.



# SOC Assessment Items to Code



- **A1005.** Ethnicity.
- **A1010.** Race.
- **A1110.** Language.
- **A1250.** Transportation.
- **B0200.** Hearing.
- **B1000.** Vision.
- **B1300.** Health Literacy.
- **J0510.** Pain Effect on Sleep.
- **J0520.** Pain Interference with Therapy Activities.
- **J0530.** Pain Interference with Day-to-Day Activities.
- **K0520.** Nutritional Approaches.
- **N0415.** High-Risk Drug Classes: Use and Indication.
- **O0110.** Special Treatments, Procedures, and Programs.

# Discharge Assessment Items to Code

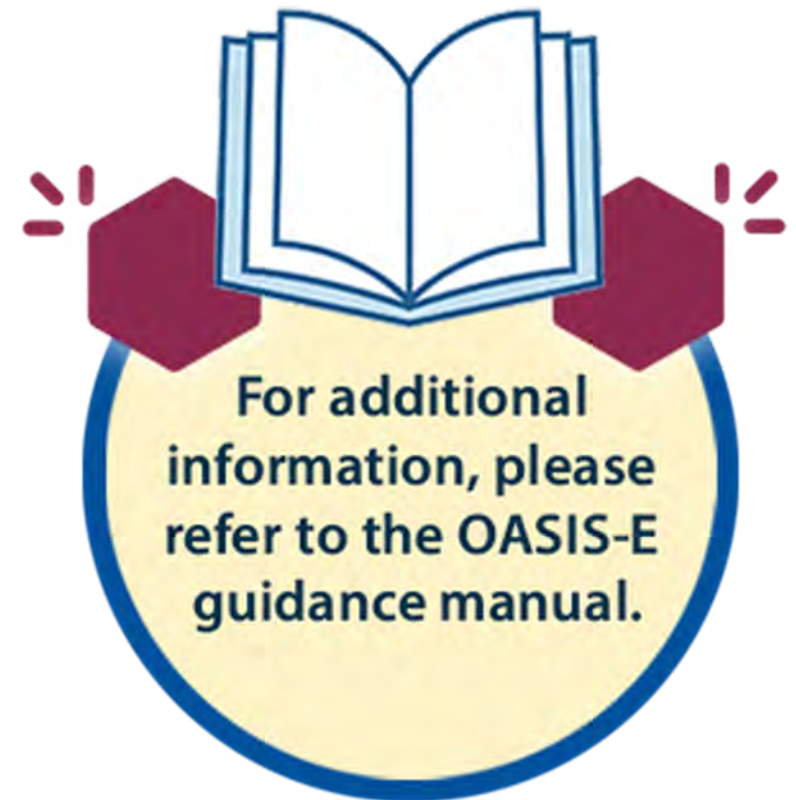


- **A1250.** Transportation.
- **A2123.** Provision of Current Reconciled Medication List to Patient at Discharge.
- **A2124.** Route of Current Reconciled Medication List Transmission to Patient.
- **B1300.** Health Literacy.
- **J0510.** Pain Effect on Sleep.
- **J0520.** Pain Interference with Therapy Activities.
- **J0530.** Pain Interference with Day-to-Day Activities.
- **K0520.** Nutritional Approaches.
- **N0415.** High-Risk Drug Classes: Use and Indication.
- **O0110.** Special Treatments, Procedures, and Programs.



# Resources for Coding the Case Study

- In addition to the Case Study Narrative, use the information in the relevant presentations from the HH Virtual Training Program – Part 1 as resources when coding the Case Study.



# Part 2 – Case Study Debrief



- A discussion of the correct coding responses and rationale for this subset of SOC and discharge items will be provided during the Virtual Live Coding Workshop session, part of the HH Virtual Training Program – Part 2, to be held in September 2022.

# Submitting Questions

- If you have questions about the Case Study, please submit them to [PACTraining@Econometricalnc.com](mailto:PACTraining@Econometricalnc.com) by August 31, 2022.

