



Fall Fever!!!

School is in full swing, the leaves are turning and soon the holidays will be upon us! Hard to believe another year is ending! Fourth quarter is always a busy time in our industry with annual meetings, planning for the next year and increased patient census. If anyone at your agency is attending NAHC in Baltimore this year, stop by The Corridor Group Booth #1117. We would love the opportunity to meet you "in person." Our 2007 message to our clients is "Think Different." Your feedback and suggestions

help us to plan and continue to improve our CHEX product and all TCG services. As always, we want to make your CHEX learning experience very positive. Please contact us for assistance, suggestions or ideas any time!

Enjoy the season!

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Welcome New Clients!!!

- BestCare Central Coast Home Health
Bristol Hospice
Crossroads Hospice
Harbor Hospice
Home Care Associates
Lotus Home Health
Prairieland Home Care and Hospice

CHEX Course Updates

OASIS Updates

Version 2 of the OASIS Competency Course and tests are now on the CHEX website. Revisions were updated by one of our Associates who is a COS-C. They reflect recent CMS and ICD-9 Code changes and provide our learners with CMS references.

NOTE: If a learner has started Version 1 OASIS tests and they were saved, they will be available until completed. As of September 15, 2006, only Version 2 will be available to new learners.

COMING SOON!

BE WATCHING FOR THE KCI CEU WOUND CARE COURSES COMING SOON! Our learners will soon have access to the following six CEU courses through a TCG-KCI agreement:

- 1. Assessment and Documentation of Pressure Ulcers
2. Etiology and Interventions of Pressure Ulcers
3. Wound Assessment
4. Operating Room Acquired Pressure Ulcers
5. AHRQ (AHCPR) Treatment of Pressure Ulcers
6. Wound Healing Process

Scheduled CHEX Black-Out Dates

We will perform maintenance on the site one Sunday a month from 8AM to 6PM.

- November 5
December 3

## Adult Learning

For home care and hospice companies, who are trying to do more training with fewer resources, e-learning offers a number of potential advantages. These include:

◇ **Consistency:**

Standardized content and method of presentation across multiple branches, offices and instructors lead to a consistent mastery of required material, including regulatory

*“For home care and hospice companies, e-learning offers a number of potential advantages.”*

requirements.

- ◇ **Consistency:** E-learning simplifies the required curriculum and streamlines the training process. Learners take courses at times that are convenient for them, logging on from anywhere that has internet access and working within short time frames. This avoids the need to reschedule patient visits and commute to centralized training sites.

◇ **Cost-Effectiveness:**

Higher productivity results from more efficient use of valuable staff time. Educators can reallocate time to more pressing agency needs when e-learning provides orientation/

yearly education. The Corridor Group conducted a cost analysis that suggested an agency with 150 learners and 24 topics to cover could save up to 75 percent on current educational costs when incorporated with webbased learning.

◇ **Easily Updated:**

Changes can be made to course materials as often as the content changes, avoiding the need to replace or reprint written, video or CD-Rom course materials.

◇ **Staff**

**Satisfaction:** Cutting-edge, learner-directed techniques promote staff satisfaction, retention and recruitment advantages, while improving employees' computer skills on the job. Personnel eagerly become informed on key topics, better oriented to the job, and are willing to take advantage of opportunities to advance themselves professionally.

*In addition, web-based education systems provide orientation materials and help support education coordinators. The technology can track course results, identify those completed, score the tests, provide test remediation and supply survey-ready written*

reports. Courses can be approved to meet professional CEU, home health aide continuing educational requirements and be translated into other languages. Course content can be easily updated to meet changing regulatory and accreditation standards as appropriate.

*Web-based e-learning cannot-and should not-replace all other forms of teaching.* There is still an important role for face-to-face education, especially for teaching hands-on techniques in the clinical setting, explaining specific agency policies and procedures and outlining various state and accreditation requirements. Clearly, e-learning can meet many of the current education needs of home care and hospice providers. It can also satisfy the demands of adult learning and adult learners, while saving time, money and valuable resources.

*Continue to watch future CHEX e-letters for additional articles on adult education and e-learning.*

*Debbie Scholl, RNC, BSN, MSM, Managing Director of TCG CHEX*



## Q&A

*How often are CHEX courses updated?*

Changes in the home health and hospice industry are monitored closely and courses are updated whenever necessary to ensure information is current. CHEX courses are on a one-, two- or three-year review cycle based on regulatory updates and health care trends. For example, OSHA-related courses, such as *Bloodborne Pathogens*, are placed on an annual cycle review. More static CHEX courses, such as *Giving and Receiving Feedback*, have a review cycle of two or three years. When a course comes up for review, individuals who are experts in the topic area provide recommendations and content for revisions.

*How will learners be notified of course revisions, updates and release of additional courses?*

CHEX-assigned supervisors will receive email notifications from TCG when course revisions, updates and new courses are posted on the <http://chexweb.knowledgeplanet.com> website. Email notifications will include directions or instructions regarding course changes. Course updates will also be listed in the quarterly CHEX e-Letter.

If you have CHEX questions, email them to [info@corridorgroup.com](mailto:info@corridorgroup.com).

## CMS Policy Change for Coding of Surgical Wounds

Based on the current advances in wound care research, CMS will follow the recently revised guidance on the Wound Ostomy Continence Nurses Society (WOCN) Guidance Document on "OASIS Skin and Wound Status M0 Items" (revised July 2006) regarding the lack of scientific evidence supporting the finding of the healing ridge in the assessment of surgical wounds closed by primary intention.

<http://www.cms.hhs.gov>

<http://www.wocn.org>



## National Provider Identifier

CMS will begin testing new software designed to use the National Provider Identifier in the existing Medicare fee-for-service claims processing systems. Providers will be required to submit claims with only an NPI on May 23, 2007.

CMS requests providers submit Medicare fee-for-service claims in one of two ways until testing is complete:

- Use their legacy number, such as their Provider Identification Number (PIN), NSC number, OSCAR number or UPIN
- Use both their NPI and their legacy number

Until testing is complete and until further notification from CMS, the following may occur if claims are submitted with only an NPI:

- Claims may be processed and paid.
- Claims that cannot properly match the NPI with a legacy number (e.g., PIN, OSCAR number) may be rejected. Requiring the provider to resubmit the claim with the appropriate legacy number.

<http://www.cms.hhs.gov>

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*“Do the right thing...right”*



**Remember  
November is  
National Home  
Care Month!**

Hospice QuickFlips® are tools focused on the documentation of care that reflects the professional skills performed by hospice clinicians, while also demonstrating compliance and eligibility under the regulations and guidelines published by Medicare and will enhance interdisciplinary teamwork, the structures of the IDT meeting and regulatory knowledge. This incredibly helpful tool is portable, concise, and easy to use. Visit [www.corridorgroup.com](http://www.corridorgroup.com) for more ordering information!

*All CHEX  
subscribers receive  
20% off the regular  
price through  
November 17, 2006*



**In the News...**

According to the Office of the Inspector General (OIG) of the Department of Health and Human Services, Medicare beneficiaries “generally have access to home health care, despite a significant decrease in the proportion of discharge planners who report that they are able to place all their beneficiaries in home health care.”

Spanish-speaking families that have a loved one facing a serious or life-threatening illness now have a new resource to go for free information. *Cuidando con Cariño*, Compassionate Care HelpLine (877-658-8896) is a toll-free phone line that offers information and resources for people living with or caring for someone with a serious illness.

**Quotes**

Constant attention by a good nurse may be just as important as a major operation by a surgeon.

~Dag Hammarskjold

I am only one, but I am one. I cannot do everything, but I can do something. And I will not let what I cannot do interfere with what I can do.

~Edward Everett Hale

I expect to pass through life but once. If therefore, there be any kindness I can show, or any good thing I can do to any fellow being, let me do it now, and not defer or neglect it, as I shall not pass this way again.

~William Penn



*The Corridor Group is a visionary leader for consulting and education for the home care and hospice industries. We are problem solvers and innovators who, through collaboration with our clients and one another, deliver results!*