

Report Interpretation Guide
Quality Assurance:
Potentially Avoidable
Events

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Introduction

The Quality Assurance: Potentially Avoidable Events Report is designed to help agencies manage patient care by identifying patients that experienced a potentially avoidable event.

Quick View of Report Specifications

Report Attribute	Specification
Patient Universe	All patients for whom a potentially avoidable event occurred
Payers	No limitations; all payers for patients included in patient universe
Time period	Date range set by the user
OASIS Version & Time Points	OASIS C; Transfer Discharge (TD), Transfer Not Discharge (TND), or Discharge (Disch)
Data Source	OASIS instrument
Minimum Data Requirement	OASIS C instrument must be completed
Agency Uses	Clinical and Operational
Report Frequency	As often as OASIS data is collected and submitted to OCS
Report Location	Connection / OnDemand tab / OASIS-C Patient-Level folio / C – Avoidable Events report tab

Note: This is not a benchmarking report, so comparison groups and risk adjustment are not applicable.

Sample Report

OCS HomeCare				Quality Assurance Potentially Avoidable Events																			
Prepared for:		OCS Home Health Agency				Provider Number:						999999											
Data Represents:		Assessments completed from 1/25/2010 – 3/02/2010																					
Patient Name (M0040)	Patient ID (M0020)	Assessment Date (M0090)	Assessment Type (M0100)	Emergent Care Reason (M2310)				Development of Ulr	Incr. # of Pres. Ulcers	Substantial Decline		Discharge to Community											
				Injury from Fall	Wound Problem	Medication Problem	Hpo/Hyperglycemia			In 3 or more ADLs	Needs Management	Needing Wound Care	Needing Med. Assisi.	Needing Toilet Assisi.	With Behavior Prob.	With Stage II Pr. Ulcer							
Clinician: Nancy Nurse																							
Campell, Bill	9989232	02/25/2010	TND				X				X												
Kane, Amanda	1002700	02/28/2010	Disch						X														
Morrill, Mark	3327190	02/01/2010	Disch																		X		
Spector, Allison	9800127	03/01/2010	Disch					X		X													

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Report Structure

Grouping and Sorting

This report is grouped by clinician. Clinicians are sorted alphabetically. The clinician name is collected and displayed based on information transmitted from most MIS vendors. If OCS does not collect clinician name from the MIS vendor used by an organization the reports will show a clinician of Unknown.

Header Definitions

Element	Definition
Prepared for:	Agency Name
Provider Number:	Agency ID (M0010)
Data Represents:	Assessments completed or assessments modified (as selected by user) between dates selected by user

Measure Definition

Element	Definition	
Patient Name (M0040)	Patient Name	
Patient ID (M0020)	Agency-specific patient identifier	
Assessment Date (M0090)	Date the assessment was completed	
Assessment Type (M0100)	Type of assessment completed <ul style="list-style-type: none"> • TND = Transfer Not Discharge, RFA-6 • TD = Transfer Discharge, RFA-7 • TD = Discharge, RFA-9 	
Emergent Care Reason (M2310)	Injury from Fall	"X" indicates the patient received Emergent Care due to an injury caused by fall
	Wound Problem	"X" indicates the patient received Emergent Care due to a wound infection or deterioration
	Medication Problem	"X" indicates the patient received Emergent Care due to improper medication administration, medication side effects, toxicity, anaphylaxis
	Hypo/Hyperglycemia	"X" indicates the patient received Emergent Care due to hypo/hyperglycemia, diabetes out of control
Development of UTI	"X" indicates the patient was treated for a UTI since the SOC or most recent ROC	
Increase in Number of Pressure Ulcers	"X" indicates the patient had an increase in the number pressure ulcers since the SOC or most recent ROC	
Substantial Decline	In 3 or more ADLs	"X" indicates the patient declined in 3 or more of the following ADLs: Grooming, Bathing, Toilet Transferring, Transferring, Ambulation/Locomotion
	Medication Management	"X" indicates the patient declined in management of oral medications

Element		Definition
Discharge to Community	Needing Wound Care	"X" indicates the patient was discharged to the community needing wound care
	Needing Med. Assist.	"X" indicates the patient was discharged to the community needing medication assistance
	Needing Toilet Assist.	"X" indicates the patient was discharged to the community needing toileting assistance
	With Behavior Prob.	"X" indicates the patient was discharged to the community with behavioral problems
	With Stage II Pr. Ulcer	"X" indicates the patient was discharged to the community with an unhealed stage II pressure ulcer

Other Resources

For more information or guidance in using this report, contact OCS Client Services at 866.641.8324, or refer to the information available in the e-Learning Network at www.ocshomecare.com. There you will find links to white papers, client success stories, and recorded training sessions.