

Report Interpretation Guide
Transfer/Discharge
Process Measures
Patient List



Table of Contents

Introduction	3
Quick View of Report Specifications	3
Sample Report.....	4
Report Structure	5
Grouping and Sorting.....	5
Header Definitions	5
Measure Definition.....	5
Legend	6
Other Resources	6

Introduction


The Process Measure patient lists provide managers with immediate information about the processes of care that are and are not being done for patients. These processes are identified best practices for home health patients and will be publicly reported at the agency level on Home Health Compare. By keeping tabs on the completion of process measures at the patient level, agencies can intervene quickly in cases where a patient did not receive treatment but should have, can identify clinicians who are less consistent about completing specific processes, and can course-correct when the agency as a whole is not meeting expected levels of performance to prevent poor results from being published.

Quick View of Report Specifications

Report Attribute	Specification
Patient Universe	Depends on the measure. See measure descriptions for more information
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; End of Assessments (RFA 6, 7, 8, 9), depends on the measure
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 / Trans/Disch Proc Meas tab

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

Sample Report



Transfer/Discharge Process Measures Patient List

Prepared for: OCS Home Health Agency (999999) **Branch:** ALL
Data Represents: Assessments Completed (M0906) between 5/25/2011 and 6/02/2011

Patient Name (M0040)	Patient ID (M0020)	SOC/ROC Date (M0030/M0032)	Assessment Type (M0100)	Transfer/Disch Date (M0906)	Depression Interventions Imp.	Diab. Foot Care & PI/CG Ed. Imp.	Heart Failure Symptoms Addressed	Pain Interventions Implemented	Tx. Of P/Uicers based on Principles of Moist Wound Healing Imp.	Flu Imm. Rec'd for Current Season	PPV Ever Received	Potential Med. Issues Identified & Timely MD Contact	Falls Prevention Steps Imp.	Pressure Ulcer Prevention Imp.
Clinician: Nancy Nurse														
Molly Murphy	IHM1405	04/01/2011	Disch	05/26/2011	NA	NA	NA		NA					
Polly Preston	IHM1997	04/15/2011	Disch	05/29/2011		NA			NA	NA			NA	
Sally Shepard	IHM2763	05/05/2011	Trans-D	05/30/2011		NA			NA	NA				
Terry Thurgood	IHM1354	04/07/2011	Disch	06/02/2011										

Process Measure Met/Completed	Process Measure Not Met/ Incomplete	NA Not Applicable	NA* Not Applicable - Question was answered Yes/No	 Measure was unanswered
-------------------------------	-------------------------------------	---	---	--

© OCS, Inc. 2011

www.ocshomecare.com

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 we do not collect clinician name from the MIS vendor used by an organization, the reports will show "Unknown" as the clinician.

By default, patients under each Clinician are also sorted alphabetically. Users can resort by the values in any column by clicking the up/down arrows within the column header. A down arrow means the column is sorted in ascending order. An up arrow means the column is sorted in descending order. Note that sorting happens within each clinician group rather than for all patients.

Header Definitions

Element	Definition
Prepared for:	Agency Name and Agency ID (M0010)
Branch:	Branch ID (M0016)
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
SOC/ROC Date (M0030/M0032)	Date of the start of care or resumption of care
Assessment Type (M0100)	Reason for assessment (RFA)
Transfer/Disch Date (M0906)	Discharge / Transfer date
Depression Interventions Imp.	Did the patient, who was diagnosed and met the criteria for having depression, have a depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment, included in their physician-ordered plan of care and have it implemented? (M2400c)
Diab. Foot Care & Pt/CG Ed. Imp.	Did the patient, who was identified as being diabetic or a bilateral amputee, have intervention(s) for diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care, included in their physician-ordered plan of care and was implemented? (M2400a)
Heart Failure Symptoms Addressed	Did the patient who has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure have appropriate follow-up actions taken to respond? (M1500, M1510)
Pain Interventions Implemented	Did the patient, who was identified as having pain, have the intervention(s) to monitor and mitigate pain included in their physician-ordered plan of care and have it implemented? (M2400d)

Element	Definition
Tx. Of PrUlcers based on Principles of Moist Wound Healing Imp.	Did the patient, who was identified as having dressings that support the principles of moist wound healing, have the intervention(s) to have a pressure ulcer treatment based on moist wound healing included in their physician-ordered plan of care and have it implemented? (M2400f)
Flu Imm. Rec'd for Current Season	Did the patient a) receive vaccination from your home health agency, or b) receive vaccination from another home health agency during an earlier episode of care, or c) was determined to receive vaccination from another provider during the current flu season? (M1040, M1045)
PPV Ever Received	Did the patient, age 65 or older or were age 5 – 64 with high risk conditions, ever receive the Pneumococcal Polysaccharide Vaccine (PPV)? (M1050, M1055)
Potential Med. Issues Identified & Timely MD Contact	If there were any clinically significant medication issues since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day of the assessment to resolve clinically significant medication issues, including reconciliation? (M2004)
Falls Prevention Steps Imp.	Did the patient, who was identified as having a risk of falls, have the intervention(s) for falls preventions included in their physician-ordered plan of care and have it implemented? (M2400b)
Pressure Ulcer Prevention Imp.	Did the patient, who was identified as having risk for pressure ulcers, have the intervention(s) to prevent pressure ulcers included in their physician-ordered plan of care and have it implemented? (M2400e)

Legend

- Process Measure Met / Completed
- Process Measure Not Met / Incomplete
- NA Not applicable
- NA* Not applicable – Question was answered Yes / No
- Measure was unanswered

Other Resources

For more information or guidance, please contact OCS HomeCare Client Support at 866.641.8324 or refer to the information available on the e-Learning Network, located on the Support tab in Connection.