

Report Interpretation Guide
Quality Assurance:
Discharge Report



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Introduction

The Quality Assurance Discharge Report is designed to help agencies manage patient care and identify potential data integrity problems. This report:

- Highlights improvement, stabilization, and decline for each patient on key quality and performance measures at the time of discharge
- Provides an inter-assessment view of clinician and patient level data
- Helps to identify whether a patient has met care plan goals for improvement
- Identifies patients discharged to emergent care by type







Quick View of Report Specifications

Report Attribute	Specification
Patient Universe	All patients for whom a discharge OASIS assessment (RFA-9) was completed or updated (based on user selection)
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; 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 – Discharge report tab

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

Sample Report

OCS HomeCare		Quality Assurance Discharge Report															
Prepared for: OCS Home Health Agency		Provider Number: 999999															
Data Represents: Assessments completed between 04/01/2010 – 04/07/2010																	
Patient Name (M0040)	Patient ID (M0020)	Discharge Assessment Completed Date (M0090)	Discharge Date (M0906)	Reference Assessment & Date (SOC/ROC – M0030/M0032)	Pain (M1242)	Incr. # of PtUI (M1308)	Surgical Wound (M1342)	Dyspnea (M1400)	Urinary Incont. (M1615)	Bathing (M1830)	Toilet Trans. (M1840)	Bed Trans. (M1890)	Amb./Loco. (M1860)	Med. Mng. (M2020)	Emergent Care		
															ED Use w/o Hosp.	ED Use w/ Hosp.	
Clinician: Nancy Nurse																	
Molly Murphy	IHM1405	04/01/2010	04/01/2010	SOC - 01/28/2010		*											X
Polly Preston	IHM1997	04/02/2010	04/01/2010	ROC - 03/11/2010				NA									X
Sally Shepard	IHM2763	04/07/2010	04/04/2010	SOC - 02/15/2010		*					*	*					
Terry Thurgood	IHM1354	04/06/2010	04/06/2010	SOC - 02/20/2010	*												

 Patient Status Improved	 Patient Status Stayed the Same	 In single cell = item doesn't apply to patient
 Patient Status Declined	 Patient Status Stayed the Same, patient started at highest level of functioning	 In an entire row = reference assessment (SOC or ROC) cannot be found

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 a clinician of Unknown.

By default, patients under each Clinician are also sorted alphabetically; however users can sort by 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's patients rather than for all patients.

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
Discharge Assessment Completed Date (M0090)	Date the discharge assessment was completed
Discharge Date (M0906)	Date of discharge
Reference Assessment & Date (SOC/ROC – M0030/M0032)	Assessment type and date to which the discharge assessment is being compared for the purpose of reporting the outcome
Pain (M1242)	Frequency of pain interfering with patient's activity or movement
Incr. # of PrUI (M1308)	Increase in the number of unhealed pressure ulcers
Surgical Wound (M1342)	Status of most problematic surgical wound
Dyspnea (M1400)	Dyspneic or noticeably short of breath
Urinary Incont. (M1615)	Occurrence of urinary incontinence for patients for patients with urinary incontinence
Bathing (M1830)	Bathing, excluding grooming (washing face, washing hands, and shampooing hair)
Toilet Trans. (M1840)	Toilet transferring
Bed Trans. (M1850)	Transferring bed to chair
Amb./Loco. (M1860)	Ambulation/Locomotion
Med. Mng. (M2020)	Management of oral medications
Emergent Care – ED Use w/o Hosp.	Emergent Care – Emergency Department use WITHOUT a hospital admission

Element	Definition
Emergent Care – ED Use w Hosp.	Emergent Care – Emergency Department use WITH a hospital admission

Legend

-  Patient Status Improved
-  Patient Status Declined
-  Patient Status Stayed the Same
-  Patient Status Stayed the Same, patient started at highest level of functioning
-  In single cell = item doesn't apply to patient
-  In an entire row = reference OASIS-C assessment (SOC or ROC) cannot be found
-  Patient utilized Emergent Care

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.