

Report Interpretation Guide
**PatientView – Patient
Risk Details**

Table of Contents

Introduction	3
Quick View of Report Specifications	3
Sample Report.....	5
Report Structure	6
Header Definitions	6
Measure Definition.....	6
Risk Factors	7
Other Resources	8

Introduction

The PatientView – Risk Detail report provides the predicted risk level for acute care hospitalization (ACH) and emergent care (EC) for a specific patient. It also provides the specific risk factors that led to the risk categorization. Risk levels are calculated using statistical modeling based on OASIS-C assessment responses for each patient. This report also includes patient level detail such as patient ID, patient name, SOC or ROC date, date of birth, and primary/secondary diagnosis information.

PatientView is a predictive modeling product designed to provide OCS HomeCare clients with the information they need to understand their patients' risk of hospitalization or emergent care. PatientView uses patient-level data collected from the OASIS-C assessment instrument to quantify and identify the clinical sources of patients' risk for Acute Care Hospitalization (ACH) and Emergent Care (EC). Risk levels are calculated using statistical modeling based on OASIS-C assessment responses for each patient. This information, can guide managers and clinicians in developing patient centered care plans to help mitigate these risks.

This Report Interpretation Guide explains the definitions used and output produced by PatientView.

PatientView has been enhanced for the OASIS-C assessment instrument which was implemented on January 1, 2010. Key enhancements include:


- PatientView predicts the risk of ACH and EC for the following OASIS-C assessment time points: Start of Care (SOC), Resumption of Care (ROC) (M0100 values 1 and 3), Recertifications and Other Follow Ups (M0100 values 4 and 5).
- PatientView's model for OASIS-C assessments is based on the 60-day PPS episode period.
- New risk factors are included in the PatientView model, including indicators for risk of hospitalization, overall health status, and high-risk diagnosis groups (3-digit ICD9 codes).
- The Emergent Care event was redefined for compatibility with OASIS-C. The EC definition is now more narrowly defined as use of a hospital emergency room, with or without a hospital admission. The Acute Care Hospitalization event now excludes scheduled hospitalizations.

Quick View of Report Specifications

Report Attribute	Specification
Patient Universe	All patient OASIS-C assessments that start a 60-day episode that were 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-C Version & Time Points	OASIS-C; Start of Care (SOC), Resumption of Care (ROC), Recertification (Recert) and Other Follow Up (FU)

Benchmark Norms	Not applicable
Risk Adjustment	Not applicable
Data Source	OASIS-C instrument; OCS HomeCare predictive model applied upon submission to OCS HomeCare
Minimum Data Requirement	OASIS-C instrument must be completed
Agency Uses	Clinical and Operational
Report Frequency	As often as OASIS-C data is collected and submitted to OCS HomeCare
Report Location	This report is available via “Click Through” from the PatientView Patient List: Connection / OnDemand tab / OASIS-C Patient-Level folio / C – PatientView report tab. Click on any patient name or M0020 to access the Patient Detail report

Sample Report

			PatientView Patient Risk Factor Detail																															
Prepared for: OCS Home Health Agency (999999)			Branch: 99Q9999001																															
Patient Name: Smith, John Patient ID: A1234567 ROC Date: 02/03/2011			Date of Birth: 09/24/1918 SOC Date: 12/11/2010																															
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Report Structure

Header Definitions

Element	Definition
Prepared for	Agency Name (M0010)
Branch:	Branch ID (M0016)
Patient Name:	Patient Name (M0040)
Date of Birth:	M0066
Patient ID:	M0020
SOC Date	M0030
Recert Date	M0032 (if applicable)

Measure Definitions

Element	Definition
Diagnosis (ICD-9 CM)	
Primary (M1020)	Primary Diagnosis
First Secondary (M1022)	First Secondary Diagnosis
Payment (M1024)	Payment Diagnosis
Predicted Probability of Risk	
Acute Care Hospitalization	Calculated risk for hospitalization (Very Low, Low, Moderate, High, Very High)
Emergent Care	Calculated risk for emergent care (Very Low, Low, Moderate, High, Very High)
Risk Factor Analysis – Acute Care Hospitalization	
Risk Factor	Risk factor that contributed to the patient's overall risk for hospitalization. A red exclamation point (!) to the left of the risk factor indicates the factor contributed heavily toward the overall probability of risk.
Description	Describes the patient's OASIS-C response for the risk factor
Risk Factor Analysis – Emergent Care	
Risk Factor	Risk factor that contributed to the patient's overall risk for emergent care. A red exclamation point (!) to the left of the risk factor indicates the factor contributed heavily toward the overall probability of risk.
Description	Describes the patient's OASIS-C response for the risk factor

Risk Factors

The risk factors in the table below are used to calculate the predicted probability of risk for hospitalization and emergent care:

- If a risk factor for a particular patient has a red exclamation point to the left, it means that this risk factor contributed heavily to the patient’s risk
- A blank space to the left of the risk factor means that the item contributed moderately toward the patient’s risk
- If a risk factor is not shown at all for a patient, it means that the risk factor did not contribute to the patient’s risk

Acute Care Hospitalization	Emergent Care
Age Group	Age Group
Catheter present	Catheter present
Count of home care diagnoses	Diag.: blood disease
Delusional behavior	Diag.: diabetes mellitus
Diag.: blood disease	Diag.: digestive
Diag.: circulatory	Diag.: endocrine/nutritional/metabolic
Diag.: diabetes mellitus	Diag.: genitourinary
Diag.: digestive	Diag.: mental disease
Diag.: endocrine/nutritional/metabolic	Diag.: musculoskeletal
Diag.: genitourinary	Diag.: neoplasm
Diag.: ill-defined conditions	Diag.: nervous system
Diag.: mental disease	Diag.: other injury
Diag.: musculoskeletal	Diag.: respiratory
Diag.: neoplasm	Diag.: skin/subcutaneous
Diag.: nervous system	Drug dependency at SOC
Diag.: other injury	Freq. of bowel incontinence
Diag.: respiratory	Frequency of confusion
Diag.: skin/subcutaneous	Frequency of dyspnea
Drug dependency at SOC	Gender
Freq. of bowel incontinence	High EC risk diagnosis
Frequency of anxiety	Hosp. Risk: 5 or more medications
Frequency of dyspnea	Hosp. Risk: Frailty indicated
Gender	Hosp. Risk: History fo falls
High ACH risk diagnosis	Hosp. Risk: Multiple hospitalizations
Hosp. Risk: 5 or more medications	Hosp. Risk: Recent decline
Hosp. Risk: Frailty indicated	Inpatient (past 14 days)
Hosp. Risk: History fo falls	Low EC risk diagnosis
Hosp. Risk: Multiple hospitalizations	Needs help with injection meds
Hosp. Risk: Recent decline	Needs help with oral meds
Inpatient (past 14 days)	Obese at SOC
IP Cardiovascular inpatient procedure	Bowel ostomy
IP Stay: cardiac/vascular	Payment Source
IP Stay: gastrointestinal	Physically aggressive behavior

Acute Care Hospitalization	Emergent Care
IP Stay: neurological	Primary diagnosis is V code
IP Stay: open wounds	Respiratory therapy: oxygen
Low ACH risk diagnosis	Scale of ADL/IADL disabilities
Memory loss	Stasis ulcer present
Needs help with injection meds	Status: Ongoing health risks present
Needs help with oral meds	Status: Serious progressive health risks
Obese at SOC	Status: Temporary health risks present
Bowel ostomy	Summary of diagnosis severities
Payment Source	Surgical wound present
Pressure ulcer present	Therapy: Enteral Nutrition
Primary diagnosis is V code	Therapy: IV or infusion
Primary diagnosis severity	Therapy: Parenteral Nutrition
Receiving psychiatric nursing	Vision Impairment
Resp. therapy: oxygen	
Scale of ADL/IADL disabilities	
Smoking at SOC	
Stasis ulcer present	
Status: Ongoing health risks present	
Status: Serious progressive health risks	
Status: Temporary health risks present	
Surgical wound present	
Therapy: Enteral Nutrition	
Therapy: IV or infusion	
Therapy: Parenteral Nutrition	

Other Resources

For more information or guidance in using PatientView, 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.