

Report Interpretation Guide
Quality Assurance:
Transfer Report



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Introduction

The Quality Assurance Transfer Report is designed to help agencies manage patient care and identify reasons for transfers. This report:

- Identifies Emergent Care, with or without Hospitalization
- Identifies Acute Care Hospitalization events and reasons for Hospitalization
- Identifies Non-Hospitalization Transfer/Discharges
- Identifies patients who experience numerous EC or re-hospitalizations

Quick View of Report Specifications

Report Attribute	Specification
Patient Universe	All patients for whom a Transfer Discharge or Transfer Not Discharge OASIS assessment (RFA-6 or7) 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; Transfer Discharge (TD) or Transfer Not Discharge (TND)
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 – Transfer report tab

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

Sample Report

OCS HomeCare		Quality Assurance Transfer Report															
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)	Transfer Assessment Date (M0090)	Transfer Date (M0906)	Status (M0100)	Emergent Care (M2300)		Reason for Hospitalization (M2430)										NonHospital (M2410)
					Used ED w/o hoosp.	Used ED w/ hoosp.	1 - Meds	2 - Fall	3 - Respiratory	5 - Heart Fail	9 - CVA or TIA	10 - Hypo/hyperkalemia	13 - UTI	15 - Wound	16 - Pain	19 - Scheduled	
Clinician: Nancy Nurse																	
Campbell, Bill	9989232	01/27/2010	02/05/2010	ND	X	X								X			
Kane, Amanda	1002700	02/20/2010	03/01/2010	ND		X									X		
Morrill, Mark	3327190	02/15/2010	02/21/2010	ND	X												NH
Spector, Allison	9800127	01/29/2010	02/01/2010	ND										X			
Clinician: Amanda Aide																	
Arkin, Richard	8951157	01/28/2010	02/05/2010	ND		X								X			
Cox, Mildred	6954225	02/12/2010	03/01/2010	D		X										X	
Keller, Lola	9512021	02/01/2010	02/02/2010	ND													NH
Lander, Emily	3458122	02/19/2010	02/20/2010	ND		X										X	
Manner, Lilly	5875135	02/29/2010	02/30/2010	ND	X												NH
Rowan, Jeff	1156510	02/12/2010	02/13/2010	ND		X				X							
Tilley, Mary	6455613	03/01/2010	03/02/2010	ND	X	X		X									

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	
Transfer Assessment Completed Date (M0090)	Date the transfer assessment was completed	
Transfer Date (M0906)	Date of transfer	
Status (M0100)	Type of assessment completed <ul style="list-style-type: none"> • ND = Transfer Not Discharge, RFA-6 • D = Transfer Discharge, RFA-7 	
Emergent Care (M2300)	ED Use w/o hosp.	"X" indicates the patient received Emergent Care – Emergency Department use WITHOUT a hospital admission
	ED Use w hosp.	"X" indicates the patient received Emergent Care – Emergency Department use WITH a hospital admission
Reason for Hospitalization (M2430)	1 – Meds	"X" indicates the patient was hospitalized due to improper medication administration, medication side effects, toxicity, anaphylaxis
	2 – Fall	"X" indicates the patient was hospitalized due to injury caused by fall
	3 – Respiratory	"X" indicates the patient was hospitalized due to respiratory infection (e.g., pneumonia, bronchitis)
	5 – Heart Failure	"X" indicates the patient was hospitalized due to heart failure (e.g., fluid overload)
	9 – CVA or TIA	"X" indicates the patient was hospitalized due to stroke (CVA) or TIA
	10 – Hypo/hyperglycemia	"X" indicates the patient was hospitalized due to hypo/hyperglycemia, diabetes out of control
	13 – UTI	"X" indicates the patient was hospitalized due to urinary tract infection
	15 – Wound	"X" indicates the patient was hospitalized due to wound infection or deterioration

Element		Definition
	16 – Pain	“X” indicates the patient was hospitalized due to uncontrolled pain
	19 – Scheduled	“X” indicates the patient was hospitalized due to scheduled treatment or procedure
	20 – Other	“X” indicates the patient was hospitalized due to other than above reasons
	UK – Unknown	“X” indicates the patient was hospitalized however the reason is unknown
Non-Hospital (M2410)		Indicates the non-hospital inpatient Facility the patient has been admitted to (if applicable) <ul style="list-style-type: none"> • R = Rehab • NH = Nursing home • H = Hospice

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.