

Report Interpretation Guide
Hospitalization and
Emergent Care Report



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Introduction

The Hospitalization and Emergent Care Report provides rates and reasons for hospitalization, emergent care, and nursing home admissions, as well as admission rates to inpatient facilities and disposition of discharged patients. This information can be used to track critical quality metrics for performance improvement activities, evaluating quality of care indicators, or marketing an agency to referral sources. Note – the Hospitalization or ACH rate can be trended from 2009 to 2010 (OASIS-B to OASIS-C), but all other measures should not be trended due to changes in the underlying OASIS questions and calculations.

Quick View of Report Specifications

Report Attribute	Specification
Patient Universe	All patients for whom an “end” assessment – EOC (RFA – 6 Transfer-Not Discharged, 7 Transfer-Discharged, or 9 Discharged) occurred during the time frame (as defined by the M0906 date)
Payers	No limitations; all payers for patients included in patient universe
Time period	Time frame selected by the user – based on the M0906 date
OASIS Version & Time Points	OASIS-C; Transfer (with or without discharge) or Discharge
Data Source	OASIS instrument
Minimum Data Requirement	OASIS-C instrument must be completed
Agency Uses	Clinical and Operational
Report Frequency	New data for the current month will be made available on the 1 st of the following month, likewise for quarter and year timeframes. Norms for previous timeframes will be recalculated daily.
Report Location	Connection / OnDemand tab / Clinical Outcomes folio / Hosp - EC report tab
Comparative Groups	National, Regional, and State norms
Risk Adjustment	Data is not risk adjusted

Sample Report

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OCS HomeCare		Hospitalization and Emergent Care		
Prepared for:	OCS Home Health Agency	Provider Number:	999999	
Data Represents:	Ends of care between 3/1/2010 and 3/31/2010			
Measure	Your Results	State Norm	Regional Norm	National Norm
Summary				
Patients Included	398	9,597	34,522	97,893
Used hospital ED without hospital admission	14%	13%	15%	13%
Acute Care Hospitalization	25%	28%**	28%*	28%**
Discharged Home	71%	70%	71%	70%
Emergent Care				
Used hospital ED without hospital admission	14%	13%	15%	13%
Used hospital ED with hospital admission	6%	11%	10%	11%
Unknown	1%	1%	1%	1%
Emergent Care Reason				
Meds: improper admin, side effects, toxicity	0.8%	0.7%	0.6%	0.7%
Injury caused by fall	1.8%	2.7%**	2.6%**	2.7%**
Respiratory infection	0.9%	1.0%	0.8%	1.0%
Other respiratory problem	0.5%	0.7%	0.4%	0.7%
Heart failure	1.4%	2.0%**	1.6%*	2.0%**
Cardiac dysrhythmia	0.8%	0.7%	0.3%	0.7%
Myocardial infarction or chest pain	0.4%	0.8%	0.9%	0.8%
Other heart disease	0.3%	0.5%	0.6%	0.5%
Stroke (CVA) or TIA	0.9%	1.4%	1.1%	1.4%
Hypo/hyperglycemia, diabetes out of control	2.8%	2.3%	2.3%	2.3%
GI bleeding, obstruction, constipation, impaction	0%	0.7%	0.6%	0.7%
Dehydration, malnutrition	0%	0.3%	0.2%	0.3%
Urinary tract infection	1.0%	1.7%*	1.6%*	1.7%*
IV catheter-related infection or complication	0.6%	1.7%**	1.3%*	1.7%**
Wound infection or deterioration	1.8%	2.9%**	3.0%**	2.9%**
Uncontrolled pain	0.8%	1.0%	0.7%	1.0%
Acute mental/behavioral health problem	0.0%	0.5%	0.3%	0.5%
Deep vein thrombosis, pulmonary embolus	0.0%	0.3%	0.2%	0.3%
Other than above reasons	2.8%	4.0%**	3.4%*	4.0%**
UK - Reason unknown	4.8%	4.8%	5.3%	4.8%
Inpatient Facility Admission				
Hospital	25%	28%**	28%*	28%**
Nursing Home	2%	2%	2%	2%
Rehab Facility	1%	2%	2%	2%
Hospice	2%	1%	1%	1%

Prepared for: OCS Home Health Agency Provider Number: 999999
Data Represents: Ends of care between 3/1/2010 and 3/31/2010

Measure	Your Results	State Norm	Regional Norm	National Norm
Patient Discharge Disposition				
Remained in comm. without formal assistance	65%	60%**	68%*	60%**
Remained in comm. with formal assistance	6%	10%**	3%*	10%**
Transferred to a non-institutional hospice	0%	0.4%	0.7%	0.4%
Unknown because patient moved	2%	1%	0.5%	1%
UK - Other unknown	0%	0.3%	0.2%	0.3%
Reason for Hospitalization				
Meds: improper admin, side effects, toxicity	0.8%	0.7%	0.6%	0.7%
Injury caused by fall	1.8%	2.7%**	2.6%**	2.7%**
Respiratory infection	0.9%	1.0%	0.8%	1.0%
Other respiratory problem	0.5%	0.7%	0.4%	0.7%
Heart failure	1.4%	2.0%**	1.6%*	2.0%**
Cardiac dysrhythmia	0.8%	0.7%	0.3%	0.7%
Myocardial infarction or chest pain	0.4%	0.8%	0.9%	0.8%
Other heart disease	0.3%	0.5%	0.6%	0.5%
Stroke (CVA) or TIA	0.9%	1.4%	1.1%	1.4%
Hypo/hyperglycemia, diabetes out of control	2.8%	2.3%	2.3%	2.3%
GI bleeding, obstruction, constipation, impaction	0%	0.7%	0.6%	0.7%
Dehydration, malnutrition	0%	0.3%	0.2%	0.3%
Urinary tract infection	1.0%	1.7%*	1.6%*	1.7%*
IV catheter-related infection or complication	0.6%	1.7%**	1.3%*	1.7%**
Wound infection or deterioration	1.8%	2.9%**	3.0%**	2.9%**
Uncontrolled pain	0.8%	1.0%	0.7%	1.0%
Acute mental/behavioral health problem	0.0%	0.5%	0.3%	0.5%
Deep vein thrombosis, pulmonary embolus	0.0%	0.3%	0.2%	0.3%
Scheduled treatment or procedure	0.9%	1.4%	1.1%	1.4%
Other than above reasons	2.8%	4.0%**	3.4%*	4.0%**
UK - Reason unknown	4.8%	4.8%	5.3%	4.8%
Reason for Nursing Home Admission				
Therapy services	0.7%	0.8%	1.2%*	0.8%
Respite care	0.9%	0.6%	1.0%	0.6%
Hospice care	0.2%	0.4%	0.3%	0.4%
Permanent placement	1.0%	1.3%	0.6%	1.3%
Unsafe for care at home	0%	0.6%	0.7%	0.6%
Other	0%	0.4%	0.2%	0.4%
UK - Unknown	0%	0.5%	0.4%	0.5%

* Difference is statistically significant; likelihood that the difference is due to chance is 10% or less

** Difference is statistically significant; likelihood that the difference is due to chance is 5% or less

Report Structure

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

Compare Group Definitions

Element	Definition
Your Result	Counts/Averages for the selected Provider Number
State Norm	Counts/Averages for agencies in the same state
Regional Norm	Counts/Averages for agencies in the same Medicare Region
National Norm	Counts/Averages for all US agencies

Measure Definitions

Element	Numerator	Denominator
Summary		
Patients included	Count of "end of care" (EOC) assessments; i.e. Total number of Transfer Discharge, Transfer Not Discharge and Discharge assessments (RFA = 6, 7, or 9)	NA
Used hospital ED without hospital admission	Count of EOC assessments where M2300 = 1	Count of EOC assessments
Acute Care Hospitalization	Count of EOC assessments where M2410 = 1 (excludes M2430_19 - Scheduled treatment or procedure)	Count of EOC assessments
Discharged Home	Count of EOC assessments where M2420 = 1 or 2 (Discharged to community with or without formal assistance)	Count of EOC assessments, excluding EOC assessments where M2420 = 4 or UK
Emergent Care		
Used hospital ED without hospital admission	Count of EOC assessments where M2300 = 1	Count of EOC assessments
Used hospital ED with hospital admission	Count of EOC assessments where M2300 = 2	Count of EOC assessments
Unknown	Count of EOC assessments where M2300 = 3	Count of EOC assessments
Emergent Care Reason		

Element	Numerator	Denominator
Meds: improper administration, side effects, toxicity	Count of EOC assessments where M2310_1 = Yes	Count of EOC assessments
Injury caused by fall	Count of EOC assessments where M2310_2 = Yes	Count of EOC assessments
Respiratory infection	Count of EOC assessments where M2310_3 = Yes	Count of EOC assessments
Other respiratory problem	Count of EOC assessments where M2310_4 = Yes	Count of EOC assessments
Heart failure	Count of EOC assessments where M2310_5 = Yes	Count of EOC assessments
Cardiac dysrhythmia	Count of EOC assessments where M2310_6 = Yes	Count of EOC assessments
Myocardial infarction or chest pain	Count of EOC assessments where M2310_7 = Yes	Count of EOC assessments
Other heart disease	Count of EOC assessments where M2310_8 = Yes	Count of EOC assessments
Stroke (CVA or TIA	Count of EOC assessments where M2310_9 = Yes	Count of EOC assessments
Hypo/hyperglycemia, diabetes out of control	Count of EOC assessments where M2310_10 = Yes	Count of EOC assessments
GI bleeding, obstruction, constipation, impaction	Count of EOC assessments where M2310_11 = Yes	Count of EOC assessments
Dehydration, malnutrition	Count of EOC assessments where M2310_12 = Yes	Count of EOC assessments
Urinary tract infection	Count of EOC assessments where M2310_13 = Yes	Count of EOC assessments
IV catheter-related infection or complication	Count of EOC assessments where M2310_14 = Yes	Count of EOC assessments
Wound infection or deterioration	Count of EOC assessments where M2310_15 = Yes	Count of EOC assessments
Uncontrolled pain	Count of EOC assessments where M2310_16 = Yes	Count of EOC assessments
Acute mental/behavioral health problem	Count of EOC assessments where M2310_17 = Yes	Count of EOC assessments
Deep vein thrombosis, pulmonary embolus	Count of EOC assessments where M2310_18 = Yes	Count of EOC assessments
Other than above reasons	Count of EOC assessments where M2310_19 = Yes	Count of EOC assessments
UK – Reason unknown	Count of EOC assessments where M2310_UK = Yes	Count of EOC assessments
Inpatient Facility Discharge		
Hospital	Count of EOC assessments where M2410 = 1	Count of EOC assessments
Nursing Home	Count of EOC assessments where M2410 = 3	Count of EOC assessments
Rehab Facility	Count of EOC assessments where M2410 = 2	Count of EOC assessments
Hospice	Count of EOC assessments where M2410 = 4	Count of EOC assessments
Patient Discharge Disposition		

Element	Numerator	Denominator
Remained in community without formal assistance	Count of EOC assessments where M2420 = 1	Count of discharge assessments
Remained in community with formal assistance	Count of EOC assessments where M2420 = 2	Count of discharge assessments
Transferred to a non-institutional hospice	Count of EOC assessments where M2420 = 3	Count of discharge assessments
Unknown because patient moved	Count of EOC assessments where M2420 = 4	Count of discharge assessments
UK-Other unknown	Count of EOC assessments where M2420 = 5	Count of discharge assessments
Reason for Hospitalization		
Meds improper administration, side effects, toxicity	Count of EOC assessments where M2430_1 = Yes	Count of EOC assessments
Injury caused by fall	Count of EOC assessments where M2430_2 = Yes	Count of EOC assessments
Respiratory infection	Count of EOC assessments where M2430_3 = Yes	Count of EOC assessments
Other respiratory problem	Count of EOC assessments where M2430_4 = Yes	Count of EOC assessments
Heart failure	Count of EOC assessments where M2430_5 = Yes	Count of EOC assessments
Cardiac dysrhythmia	Count of EOC assessments where M2430_6 = Yes	Count of EOC assessments
Myocardial infarction or chest pain	Count of EOC assessments where M2430_7 = Yes	Count of EOC assessments
Other heart disease	Count of EOC assessments where M2430_8 = Yes	Count of EOC assessments
Stroke (CVA or TIA)	Count of EOC assessments where M2430_9 = Yes	Count of EOC assessments
Hypo/hyperglycemia, diabetes out of control	Count of EOC assessments where M2430_10 = Yes	Count of EOC assessments
GI bleeding, obstruction, constipation, impaction	Count of EOC assessments where M2430_11 = Yes	Count of EOC assessments
Dehydration, malnutrition	Count of EOC assessments where M2430_12 = Yes	Count of EOC assessments
Urinary tract infection	Count of EOC assessments where M2430_13 = Yes	Count of EOC assessments
IV catheter-related infection or complication	Count of EOC assessments where M2430_14 = Yes	Count of EOC assessments
Wound infection or deterioration	Count of EOC assessments where M2430_15 = Yes	Count of EOC assessments
Uncontrolled pain	Count of EOC assessments where M2430_16 = Yes	Count of EOC assessments
Acute mental/behavioral health problem	Count of EOC assessments where M2430_17 = Yes	Count of EOC assessments
Deep vein thrombosis, pulmonary embolus	Count of EOC assessments where M2430_18 = Yes	Count of EOC assessments
Scheduled treatment or procedure	Count of EOC assessments where M2430_19 = Yes	Count of EOC assessments

Element	Numerator	Denominator
Other than above reasons	Count of EOC assessments where M2430_20 = Yes	Count of EOC assessments
UK – Reason unknown	Count of EOC assessments where M2430_UK = Yes	Count of EOC assessments
Reason for Nursing Home Admission		
Therapy services	Count of EOC assessments where M2440_1 = Yes	Count of EOC assessments
Respite care	Count of EOC assessments where M2440_2 = Yes	Count of EOC assessments
Hospice care	Count of EOC assessments where M2440_3 = Yes	Count of EOC assessments
Permanent placement	Count of EOC assessments where M2440_4 = Yes	Count of EOC assessments
Unsafe for care at home	Count of EOC assessments where M2440_5 = Yes	Count of EOC assessments
Other	Count of EOC assessments where M2440_6 = Yes	Count of EOC assessments
UK-Unknown	Count of EOC assessments where M2440_UK = Yes	Count of EOC assessments

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.