

Coffee Break Boost

Get the Buzz on Your Data

Patient Progress Report

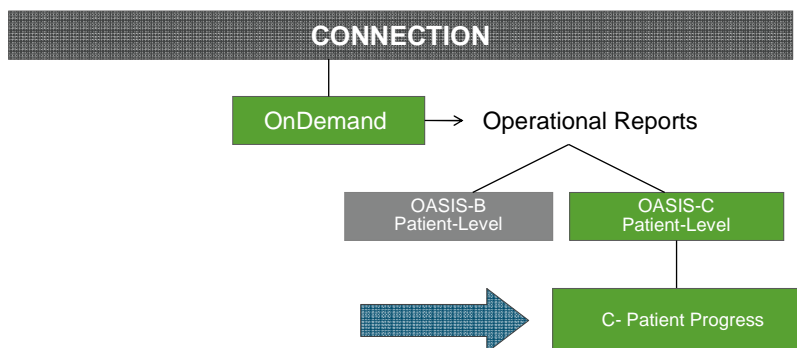


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OCS HomeCare
Bring home positive outcomes

Roadmap to your report

Healthcare Information Platform



OCS HomeCare

OCS HomeCare
Patient Progress Report

Prepared for: OCS Home Health Agency
 Provider Number: 999999 Branch ID: N
 Patient Name: Ruth Smith Patient ID: 12345678
 SOC Date: 1/1/2010 DOB: 12/2/1933
 Gender: Female Payment: Medicare (HMO/managed care)

		SOC	Trans-ND	ROC	Re-cert	Disch
		Mary White	Bettie Blue	Bonnie Brown	Grace Green	Grace Green
ASSESSMENT	Clinician	1	6	3	4	9
	Type (M00100)	1	6	3	4	9
	Date (M0090)	1/1/2010	1/20/2010	1/27/2010	3/1/2010	5/1/2010
	Category	Early/Low	-	Early/High	-	-
	HRIC	C3F281	-	C2F251	-	-
DIAGNOSIS & SEVERITY	Primary - Severity Level (M1020 - SCR)	V56.42 - 2	-	V56.42 - 2	V56.42 - 2	-
	Primary Payment Diagnosis (M1024.3A)	198.3	-	-	198.3	-
	First Secondary - Severity (M1022 - SCR)	781.3 - 2	-	781.3 - 2	781.3 - 2	-
	First Secondary Payment (M1024.3B)	-	-	-	-	-
	WLOS Code	1CC0V	-	-	-	-
STATUS	Frequency of Pain (0-4) (M1242)	3	-	3	2	-
	Surgical Wound Status (0-3) (M1342)	2	-	2	1	0
	Dyspnea (0-4) (M1400)	2	-	2	0	-
	Urinary incontinence (0-2) (M1610)	0	-	0	0	0
	Bowel incontinence frequency (0-4) (M1620)	-	-	-	-	-
	Grooming (0-3) (M1800)	2	-	2	-	1
	Dress Upper Body (0-3) (M1810)	0	-	0	0	1
	Dress Lower Body (0-3) (M1820)	2	-	2	2	2
	Bathing (0-4) (M1830)	2	-	2	2	1
	Talking (0-4) (M1840)	1	-	1	1	1
	Talking Hygiene (0-3) (M1845)	1	-	1	1	1
	Transferring (0-5) (M1850)	2	-	2	2	1
	Ambulation/Loco. (0-6) (M1855)	1	-	1	-	0
	Feeding/Eating (0-5) (M1870)	2	-	2	-	1
	Mgmt of Oral Meds (0-3, NA) (M2020)	2	-	2	-	1
Mgmt of Inj. Meds (0-3, NA) (M2030)	NA	-	NA	NA	NA	
UTILIZATION OUTCOMES	Emergent Care (M2300)	-	Yes	-	-	-
	Inpt. Facility Admit. (M2410)	-	Hosp.	-	-	-
	Disch. Disposition (M2420)	-	-	-	-	Comm w/o Assist

REPORT HIGHLIGHTS:

- Individualized patient report
- Side by side view of OASIS responses by assessment type
- Patient Level Case Mix Information
- Individual patient outcome status
- ACH & EC events

Agency ID (M0010): OCS Home Care (999999) Branch ID (M0016): N/A
 Completed Between: 3/22/2010 and 3/22/2010 Payer(s): Any Payers
 Clinician Name: Patient Name: Team: Diagnosis: View Reports

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	First Secondary Payment (M1024.3B)	-	-	-	-	-
	WLOS Code	1CC0V	-	-	-	-
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	Ambulation/Loco. (0-6) (M1855)	1	-	1	-	0
	Feeding/Eating (0-5) (M1870)	2	-	2	-	1
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	Inpt. Facility Admit. (M2410)	-	Hosp.	-	-	-
	Disch. Disposition (M2420)	-	-	-	-	Comm w/o Assist

EXAMPLES FOR USE:

- Case management approach to patient care
- Patient and clinician level information
- Appropriate patient care planning
- Assure Inter-rater reliability among clinicians
- Physician follow-up

Additional Training

OCS e-Learning Network

<http://marketing.ocsys.com/e-learning.asp>

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