

Coffee Break Boost

Get the Buzz on Your Data

Recertification & Discharge Reports

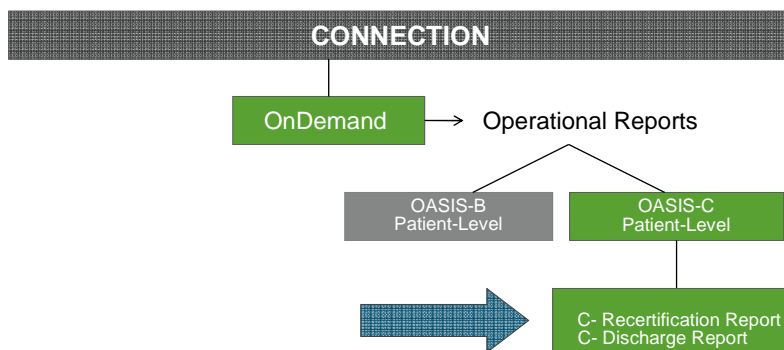


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OCS HomeCare
Bring home positive outcomes

Roadmap to your report

Healthcare Information Platform



OCS HomeCare

Prepared for: OCS Home Health Agency
 Data Represents: Assessments completed between 02/01/2010 - 02/07/2010

Provider Number: 999999

Patient Name (M0040)	Patient ID (M0020)	Recert Assessment Completed Date (M0090)	Reference Assessment & Date (SOC/ROC - M0030/M0032)	Vision (M1200)	Pain (M1242)	Incr. # Pnt (M1308)	St/Most Prob. Pnt (M1324)	Status of State Ulcer (M1334)	Surgical Wound (M1342)	Dyspnea (M1400)	Urinary Incont. (M1615)	Bowel Incont. (M1620)	Dressing Upper (M1810)	Dressing Lower (M1810)	Bathing (M1830)	Toilet Trans. (M1840)	Bed Trans. (M1850)	Armb./Loos. (M1860)	
Clinician: Nancy Nurse																			
Molly Murphy	IHM1405	04/01/2010	SOC - 01/28/2010			*													
Polly Preston	IHM1997	04/02/2010	ROC - 03/11/2010																
Sally Shepard	IHM2763	04/07/2010	SOC - 02/15/2010			*													
Terry Thurgood	IHM1354	04/06/2010	SOC - 02/20/2010			*													

■ Patient Status Improved
■ Patient Status Declined
■ Patient Status Stayed the Same
* Patient Status Stayed the Same, patient started at highest level of functioning

REPORT HIGHLIGHTS:

- Outcomes color coded for improvement/stabilization/decline
- Inter-assessment view of Clinician and Patient level outcome data
- Identifies patient outcome status for potential recertification and ongoing patient care planning

Agency ID (M0010): OCS Home Care (999999)

Completed Between: 02/01/2010 and 02/07/2010

Clinician Name:

Team:

Branch ID (M0016): N/A

Payer(s): Any Payers

Patient Name:

Diagnosis:

[View Reports](#)

Agency ID (M0010): OCS Home Care (999999)

Completed Between: 02/01/2010 and 02/07/2010

Clinician Name:

Team:

Branch ID (M0016): N/A

Payer(s): Any Payers

Patient Name:

Diagnosis:

[View Reports](#)

OCS HomeCare **Quality Assurance Recert Report**

Prepared for: OCS Home Health Agency Provider Number: 999999

Data Represents: Assessments completed between 02/01/2010 - 02/07/2010

Patient Name (M0040)	Patient ID (M0020)	Recert Assessment Completed Date (M0090)	Reference Assessment & Date (SOC/ROC - M0030/M0032)	Vision (M1200)	Pain (M1242)	Incr. # Pnt (M1308)	St/Most Prob. Pnt (M1324)	Status of State Ulcer (M1334)	Surgical Wound (M1342)	Dyspnea (M1400)	Urinary Incont. (M1615)	Bowel Incont. (M1620)	Dressing Upper (M1810)	Dressing Lower (M1810)	Bathing (M1830)	Toilet Trans. (M1840)	Bed Trans. (M1850)	Armb./Loos. (M1860)	
Clinician: Nancy Nurse																			
Molly Murphy	IHM1405	04/01/2010	SOC - 01/28/2010			*													
Polly Preston	IHM1997	04/02/2010	ROC - 03/11/2010																
Sally Shepard	IHM2763	04/07/2010	SOC - 02/15/2010			*													
Terry Thurgood	IHM1354	04/06/2010	SOC - 02/20/2010			*													

■ Patient Status Improved
■ Patient Status Declined
■ Patient Status Stayed the Same
* Patient Status Stayed the Same, patient started at highest level of functioning
N/A In single cell = Item
N/A In line of cells = ref. ROC cannot be fo

EXAMPLES FOR USE:

- Supervisory review to determine patient progress over the episode
- Enhance patient care planning for recertification
- Focus on patient outcomes by clinician
- Determine patient needs and resources for care

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)	Surgical Wound (M1342)	Dyspnea (M1400)	Urinary Incont. (M1415)	Bathing (M1830)	Toilet Trans. (M1840)	Bed Trans. (M1850)	Amb./Loco. (M1860)	Med. Mng. (M2000)	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		*										y
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	*											

REPORT HIGHLIGHTS:

- Outcomes color coded for improvement/stabilization/decline
- Inter-assessment view of Clinician and Patient level outcome data
- Identify if goals were met or if declined, did the patient transfer to a hospice, or EC?

■ Patient Status Improved
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 NA In single cell - Item does not apply
 NA In an entire row - reference or ROC cannot be found

Agency ID (M0010): OCS Home Care (999999) Branch ID (M0016): N/A
 Completed Between: 04/01/2010 and 04/07/2010 Payer(s): Any Payers
 Clinician Name: Team: Patient Name: Diagnosis: View Reports

C-Discharge

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)	Surgical Wound (M1342)	Dyspnea (M1400)	Urinary Incont. (M1415)	Bathing (M1830)	Toilet Trans. (M1840)	Bed Trans. (M1850)	Amb./Loco. (M1860)	Med. Mng. (M2000)	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	*										

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EXAMPLES FOR USE:

- PI review for outcomes that are prioritized for agency improvement
- Supervisory review for patient level outcomes
- Supervisory review for new clinicians/OASIS accuracy
- Has patient been discharged to emergent care?

Additional Training

OCS e-Learning Network

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

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