OASIS-C 6/7 - Transfer

Clinical Record Items

#	Question	Answer	To prevent emergent care… Considerations
M0080	Discipline of Person Completing Assessment	☐ 1-RN ☐ 2-PT ☐ 3-SLP/ST ☐ 4-OT	
M0090	Date Assessment Completed		
M0100	This Assessment is Currently Being Completed for the Following Reason	☐ 1 – Start of care—further visits planned ☐ 3 – Resumption of care (after inpatient stay) ☐ 4 – Recertification (follow-up) reassessment [Go to M0110] ☐ 5 – Other follow-up [Go to M0110] ☐ 6 – Transferred to an inpatient facility—patient not discharged from agency [Go to M2300] ☐ 7 – Transferred to an inpatient facility—patient discharged from agency [Go to M2300] ☐ 8 – Death at home [Go to M0906] ☐ 9 – Discharge from agency [Go to M1032]	
M0903	Date of Last (Most Recent) Home Visit:		
M0906	Discharge/Transfer/Death Date: Enter the date of the discharge* transfer* or death (at home) of the patient.		

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Demographics and Patient History

#	Question	Answer	To prevent emergent care…	Considerations
M1040	Influenza Vaccine: Did the patient receive the influenza vaccine from your agency for this year's influenza season (October 1 through March 31) during this episode of care?	☐ 0 - No ☐ 1 - Yes [Go to M1050] ☐ NA - Does not apply because entire episode of care (SOC/ROC to Transfer/Discharge) is outside this influenza season. [Go to M1050]		
M1045	Reason Influenza Vaccine not received: If the patient did not receive the influenza vaccine from your agency during this episode of care, state reason:	☐ 1 - Received from another health care provider (e.g., physician) ☐ 2 - Received from your agency previously during this year's flu season ☐ 3 - Offered and declined ☐ 4 - Assessed and determined to have medical contraindication(s) ☐ 5 - Not indicated; patient does not meet age/condition guidelines for influenza vaccine ☐ 6 - Inability to obtain vaccine due to declared shortage ☐ 7 - None of the above		
M1050	Pneumococcal Vaccine: Did the patient receive pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge)?	☐ 0 - No ☐ 1 - Yes [Go to M1246 at TRN; Go to M1100 at DC]		
M1055	Reason PPV not received: If patient did not receive the pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge), state reason:	☐ 1 - Patient has received PPV in the past ☐ 2 - Offered and declined ☐ 3 - Assessed & determined to have med con ☐ 4 - Not indicated; patient does not meet age/condition guidelines for PPV ☐ 5 - None of the above contraindication(s)		

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Sensory Status

#	Question	Answer	To prevent emergent care…	Considerations
M1246	Pain Intervention: Since the previous OASIS assessment* have pain management steps in the physician-ordered plan of care been implemented to monitor and mitigate pain?	☐ 0 - No ☐ 1 - Yes ☐ NA - No pain intervention included in physician-ordered plan of care		

Integumentary Status

#	Question	Answer	To prevent emergent care…	Considerations
M1306	Pressure Ulcer Prevention: Since the previous OASIS assessment* were intervention(s) on the current physician-ordered plan of care to prevent pressure ulcers implemented?	☐ 0 - No] ☐ 1 – Yes ☐ NA - No pressure ulcer prevention in physician-ordered plan of care		
M1328	Pressure Ulcer Intervention: Since the previous OASIS assessment* were moisture retentive dressings used?	☐ 0 - No ☐ 1 - Yes ☐ 2 - Moisture retentive dressings not indicated for this patient ☐ NA - Patient had no Stage II or higher unhealed pressure ulcers on previous OASIS assessment		
M1365	Diabetic Foot Care Plan Follow-up: Since the previous OASIS assessment* was the physician-ordered plan of care regarding patient education and regular monitoring for the presence of lesions on the lower extremities followed?	☐ 0 - No ☐ 1 – Yes ☐ NA - Bilateral amputee OR Patient does not have diagnosis of diabetes OR Diabetic foot care not included in physician-ordered plan of care		

Cardiac Status

#	Question	Answer	To prevent emergent care…	Considerations
M1500	Symptoms of Heart Failure: Since the previous OASIS assessment* did the patient exhibit symptoms of heart failure indicated by clinical heart failure guidelines (including dyspnea* orthopnea* edema* or weight gain) at any point?	☐ 0 - No [Go to M1736 at TRN; Go to M1600 at DC] ☐ 1 - Yes ☐ 2 - Not assessed [Go to M1736 at TRN; Go to M1600 at DC] ☐ NA - Patient does not have diagnosis of heart failure		
M1510	Heart Failure Follow-up: Since the previous OASIS assessment* what action(s) has (have) been taken to respond to each instance of heart failure? (Mark all that apply.)	☐ 0 - No action taken ☐ 1 - Patient's physician (or other primary care practitioner) contacted the same day, ☐ 2 - Patient advised to get emergency treatment (e.g., call 911 or go to emergency room), ☐ 3 - Implement physician-ordered patient-specific established parameters for treatment, ☐ 4 - Patient education about symptoms and management, ☐ 5 - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.) ☐ NA - Patient does not have diagnosis of heart failure		

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Neuro/Emotional/Behavioral

#	Question	Answer	To prevent emergent care…	Considerations
M1736	Depression Intervention Implementation: Since the previous OASIS assessment* were intervention(s) in the physician-ordered plan of care to address depression implemented?	☐ 0 - No ☐ 1 - Yes ☐ NA - Patient has no depression intervention on the current physician-ordered plan of care		

ADLs/IADLs

#	Question	Answer	To prevent emergent care…	Considerations
M1930	Has this patient had a multi-factor Fall Risk Assessment (such as falls history* use of multiple medications* mental impairment* toileting frequency* general mobility/transferring impairment* environmental hazards)?	☐ 0 - No multi-factor falls risk assessment conducted. ☐ 1 - Yes, and it does not indicate a risk for falls. [Go to M2000 at SOC/ROC; Go to M2004 at TRN/DC] ☐ 2 - Yes, and it indicates a risk for falls.		
M1945	Falls Risk Intervention: Since the previous OASIS assessment* have fall prevention steps in the physician-ordered plan of care been implemented?	☐ 0 - No ☐ 1 - Yes ☐ NA - No fall prevention steps included in the physician-ordered plan of care.		

Medication Management

#	Question	Answer	To prevent emergent care…	Considerations
M2004	Medication Intervention: Since the previous OASIS assessment* was the patient's physician (or other primary care practitioner) contacted within one calendar day to resolve clinically significant medication issues* including reconciliation?	☐ 0 - No ☐ 1 - Yes ☐ NA - No clinically significant medication issues identified since the previous OASIS assessment		

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Medication Management continued

#	Question	Answer	To prevent emergent care…	Considerations
M2015	Patient/Caregiver Drug Education Intervention: Since the previous OASIS assessment* was the patient/caregiver instructed to monitor the effectiveness of drug therapy and potential adverse effects* and how and when to	☐ 0 - No ☐ 1 - Yes ☐ NA - Patient not taking any drugs		

Emergent Care

#	Question	Answer	To prevent emergent care…	Considerations
M2300	Emergent Care: Since the last time OASIS data were collected* has the patient utilized a hospital emergency department (includes holding/observation with or without hospital admission)?	☐ 0 - No [Go to M2400] ☐ 1 - Yes ☐ UK - Unknown [Go to M2400]		

Emergent Care continued

#	Question	Answer	To prevent emergent care…	Considerations
M2310	Reason for Emergent Care: For what reason(s) did the patient receive emergent care (with or without hospitalization)? (Mark all that apply.)	☐ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis ☐ 2 - Injury caused by fall or accident at home ☐ 3 - Respiratory infection (e.g. pneumonia, bronchitis) ☐ 4 - Other respiratory problem ☐ 5 - Heart failure (e.g., fluid overload) ☐ 6 - Cardiac dysrhythmia (irregular heartbeat) ☐ 7 - Myocardial infarction or chest pain ☐ 8 - Other heart disease ☐ 9 - Stroke (CVA) or TIA ☐ 10 - Hypo/Hyperglycemia, diabetes out of control ☐ 11 - Upper GI obstruction, constipation, impaction ☐ 12 - Dehydration, malnutrition ☐ 13 - Urinary tract infection ☐ 14 - IV catheter-related infection ☐ 15 - Wound infection or deterioration ☐ 16 - Uncontrolled pain ☐ 17 - Acute mental/behavioral health problem ☐ 18 - Deep vein thrombosis, pulmonary embolus ☐ 19 - Other than above reasons ☐ UK - Reason unknown		

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Data Items Collected At Inpatient Facility Admission OR Agency Discharge Only

#	Question	Answer	To prevent emergent care…	Considerations
M2400	To which Inpatient Facility has the patient been admitted?	☐ 1 - Hospital [Go to M2420 at TRN; Go to M2430 at DC] ☐ 2 - Rehabilitation facility [Go to M0903] ☐ 3 - Nursing home [Go to M2440] ☐ 4 - Hospice [Go to M0903] ☐ NA - No inpatient facility admission		
M2420	Reason for Hospitalization: For what reason(s) did the patient require hospitalization? (Mark all that apply.)	☐ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis ☐ 2 - Injury caused by fall or accident at home ☐ 3 - Respiratory inf (e.g. pneumonia, bronchitis) ☐ 3 - Other respiratory problem ☐ 5 - Heart failure (e.g., fluid overload) ☐ 6 - Cardiac dysrhythmia (irregular heartbeat) ☐ 7 - Myocardial infarction or chest pain ☐ 8 - Other heart disease ☐ 9 - Stroke (CVA) or TIA ☐ 10 - Hypo/Hyperglycemia, diabetes ☐ 11 - Upper GI obstruction, constipation/imp ☐ 12 - Dehydration, malnutrition ☐ 13 - Urinary tract infection ☐ 14 - IV catheter-related infection ☐ 15 - Wound infection or deterioration ☐ 16 - Uncontrolled pain ☐ 17 - Acute mental/behavioral health problem ☐ 18 - Deep vein thrombosis, pulmonary embolus ☐ 19 - Scheduled treatment or procedure ☐ 20 - Other than above reasons ☐ UK - Reason unknown [Go to M0903		

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#	Question	Answer	To prevent emergent care…	Considerations
M2430	Reason for Hospitalization: For what reason(s) did the patient require hospitalization? (Mark all that apply.)	☐ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis ☐ 2 - Injury caused by fall or accident at home ☐ 3 - Respiratory infection (e.g. pneumonia, bronchitis) ☐ 4 - Other respiratory problem ☐ 5 - Heart failure (e.g., fluid overload) ☐ 6 - Cardiac dysrhythmia (irregular heartbeat) ☐ 7 - Myocardial infarction or chest pain ☐ 8 - Other heart disease ☐ 9 - Stroke (CVA) or TIA ☐ 10 - Hypo/Hyperglycemia, diabetes ☐ 11 - Upper GI obstruction, constipation ☐ 12 - Dehydration, malnutrition ☐ 13 - Urinary tract infection ☐ 14 - IV catheter-related infection ☐ 15 - Wound infection or deterioration ☐ 16 - Uncontrolled pain ☐ 17 - Acute mental/behavioral health problem ☐ 18 - Deep vein thrombosis, pulmonary emb ☐ 19 - Scheduled treatment or procedure ☐ 20 - Other than above reasons ☐ UK - Reason unknown [Go to M0903]		
M2440	For what Reason(s) was the patient Admitted to a Nursing Home? (Mark all that apply.)	☐ 1 - Therapy services ☐ 2 - Respite care ☐ 3 - Hospice care ☐ 4 - Permanent placement ☐ 5 - Unsafe for care at home ☐ 6 - Other ☐ UK - Unknown [Go to M0903]		

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