OASIS ITEM

(M2300) Emergent Care: Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation)?

- ☐   0 - No **[*Go to M2400*]**
- ☐   1 - Yes, used hospital emergency department WITHOUT hospital admission
- ☐   2 - Yes, used hospital emergency department WITH hospital admission
- ☐   UK - Unknown **[*Go to M2400*]**

ITEM INTENT

Identifies whether the patient was seen in a hospital emergency department since the previous OASIS assessment. Responses to this item include the <u>entire</u> period since the last time OASIS data were collected, including current events.

TIME POINTS ITEM(S) COMPLETED

Transfer to an inpatient facility - with or without agency discharge

Discharge from agency

RESPONSE—SPECIFIC INSTRUCTIONS

- This item **excludes** urgent care services not provided in a hospital emergency department, including doctor's office visits scheduled less than 24 hours in advance, care provided by an ambulance crew without transport, or care received in urgent care facilities. This item only includes holding and observation in the emergency department setting.

- An urgent care facility is defined as a freestanding walk-in clinic (not a department of a hospital) for patients in need of immediate medical care. Urgent care centers treat many problems that can be seen in a primary care physician's office, but urgent care centers offer some services that are generally not available in primary care physician offices. For example, X-ray facilities allow for treatment of minor fractures and foreign bodies, such as nail gun injuries. Most urgent care centers offer extended hours in evenings and on weekends for patients to receive treatment when their personal physician is not available.

- If a patient went to a hospital emergency department, regardless of whether the patient/caregiver independently made the decision to seek emergency department services or was advised to go the emergency department by the physician, home health agency, or other health care provider, then Response 1 or 2 should be selected depending on whether or not a hospital admission occurred.

- If a patient went to a hospital emergency department, was "held" at the hospital for observation, then released, the patient did receive emergent care. The time period that a patient can be "held" without admission can vary. "Holds" can be longer than 23 hours but emergent care should be reported regardless of the length of the observation "hold." An OASIS transfer assessment is not required if the patient was never actually admitted to an inpatient facility.

- If a patient went to a hospital emergency department and was subsequently admitted to the hospital, select Response 2. An OASIS transfer assessment is required (assuming the patient stay was for 24 hours or more for reasons other than diagnostic testing).

- If a patient is admitted to the hospital for a stay requiring an OASIS Transfer, Response 0 – No – should only be marked if the patient was directly admitted to the hospital (was not treated or evaluated in the emergency room), and had no other emergency department visits since the last OASIS assessment.

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M2300)

- Select Response 1 for a patient who, since the last time OASIS was collected, has experienced both a direct admission to the hospital without treatment or evaluation AND accessed a hospital emergency department that did not result in an inpatient admission.

- If a patient utilized a hospital emergency department more than once since the last OASIS assessment, select Response 2 if any emergency department visit since the last OASIS assessment resulted in hospital admission, otherwise select Response 1.

- In Responses 1 and 2, "hospital admission" is defined as admission to a hospital where the stay is for 24 hours or longer, for reasons other than diagnostic testing.

- A patient who dies in a hospital emergency department is considered to have been under the care of the emergency department, not the home health agency. In this situation, a transfer assessment, not an assessment for "Death at Home," should be completed. For M2300, the best response would be " 1 - Yes, used hospital emergency department WITHOUT hospital admission."

DATA SOURCES / RESOURCES

- Patient/caregiver interview

- Clinical record

- Hospital emergency department discharge information

- Referral information for the ROC, if the patient had a hospital admission and home health care ROC since the previous OASIS assessment

- Physician

- Hospital emergency department staff

OASIS ITEM

(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
- ☐ 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 - GI bleeding, obstruction, constipation, impaction
- ☐ 12 - Dehydration, malnutrition
- ☐ 13 - Urinary tract infection
- ☐ 14 - IV catheter-related infection or complication
- ☐ 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

ITEM INTENT

Identifies the reasons for which the patient received care in a hospital emergency department.

TIME POINTS ITEM(S) COMPLETED

Transfer to an inpatient facility - with or without agency discharge

Discharge from agency

RESPONSE—SPECIFIC INSTRUCTIONS

- This item does not address urgent care services not provided in a hospital emergency department, including doctor's office visits scheduled less than 24 hours in advance, care provided by an ambulance crew without transport, or care received in urgent care facilities.

- If more than one reason contributed to the hospital emergency department visit, mark all appropriate responses. For example, if a patient received care for a fall at home and was found to have medication side effects, mark both responses.

- If the reason is not included in the choices, mark Response 19 - Other than above reasons.

- If the patient has received emergent care in a hospital emergency department multiple times since the last time OASIS data were collected, include the reasons for all visits.

DATA SOURCES / RESOURCES (cont'd for OASIS Item M2310)

- Patient/caregiver interview

- Clinical record

- Hospital emergency department discharge information

- Referral information for the ROC, if the patient had a hospital admission and home health care ROC since the previous OASIS assessment

- Physician

- Hospital emergency department