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## Outcome and Assessment Information Set Items to be Used at Specific Time Points

Time Point	Items Used
<b><u>Discharge from Agency – Not to an Inpatient Facility</u></b>	
Death at home -----	M0080-M0100, M2005, M0906, J1800-J1900

### **CLINICAL RECORD ITEMS**

(M0080) Discipline of Person Completing Assessment	
Enter Code  <input type="checkbox"/>	1 RN 2 PT 3 SLP/ST 4 OT

**(M0090) Date Assessment Completed:**

		/			/				
month			day			year			

(M0100) This Assessment is Currently Being Completed for the Following Reason:	
Enter Code  <input type="checkbox"/>	<b><u>Start/Resumption of Care</u></b> 1 Start of care – further visits planned 3 Resumption of care (after inpatient stay) <b><u>Follow-Up</u></b> 4 Recertification (follow-up) reassessment [ <i>Go to M0110</i> ] 5 Other follow-up [ <i>Go to M0110</i> ] <b><u>Transfer to an Inpatient Facility</u></b> 6 Transferred to an inpatient facility – patient not discharged from agency [ <i>Go to M1041</i> ] 7 Transferred to an inpatient facility – patient discharged from agency [ <i>Go to M1041</i> ] <b><u>Discharge from Agency – Not to an Inpatient Facility</u></b> 8 Death at home [ <i>Go to M2005</i> ] 9 Discharge from agency [ <i>Go to M1041</i> ]

### **MEDICATIONS**

(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code  <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

**(M0906) Discharge/Transfer/Death Date:** Enter the date of the discharge, transfer, or death (at home) of the patient.

		/			/				
month			day			year			

## Section J: Health Conditions

<b>J1800. Any Falls Since SOC/ROC, whichever is more recent</b>							
Enter Code <input type="checkbox"/>	Has the patient <b>had any falls since SOC/ROC</b> , whichever is more recent? 0. <b>No</b> → Skip J1900 1. <b>Yes</b> → Continue to J1900, Number of Falls Since SOC/ROC, whichever is more recent						
<b>J1900. Number of Falls Since SOC/ROC, whichever is more recent</b>							
<b>CODING:</b> 0. None 1. One 2. Two or more	<div>↓ Enter Codes in Boxes</div> <table border="1"> <tr> <td><input type="checkbox"/></td> <td><b>A. No injury:</b> No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall</td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>B. Injury (except major):</b> Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain</td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>C. Major injury:</b> Bone <b>fractures</b>, joint dislocations, closed head injuries with altered consciousness, subdural hematoma</td> </tr> </table>	<input type="checkbox"/>	<b>A. No injury:</b> No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall	<input type="checkbox"/>	<b>B. Injury (except major):</b> Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain	<input type="checkbox"/>	<b>C. Major injury:</b> Bone <b>fractures</b> , joint dislocations, closed head injuries with altered consciousness, subdural hematoma
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