

ADVERSE EVENT OUTCOME REPORT

Report Period _____

Emergent Care for Hypo/Hyperglycemia

Definition: The patient received emergent care after SOC/ROC, and the emergent care reason was "hypo/hyperglycemia, diabetes out of control." OASIS M0 triggers: M0830, M0840 (Transfer/Discharge)

Pt. Name _____ SOC date _____ D/C date _____ MR# _____

Age _____ Sex _____ Case Manager _____

Review Date _____ Reviewer _____

QUESTIONS	YES	NO	IE	COMMENTS
Was the patient treated emergently for hypo/hyperglycemia, diabetes out of control.				
If no, was there an error in the OASIS documentation?				
<i>If the documentation does not support the definition of the adverse outcome, stop the audit at this point and investigate how the OASIS errors occurred and re-train staff as needed.</i>				
Did pt/cg understand/demonstrate fingerstick procedure and proper use of glucometer?				
Was the pt/cg instructed in:				
disease process including risk factors?				
mgmt of hypo/hyperglycemia?				
diet?				
disease mgmt (MD alert, MD follow-up, med compliance etc)				
Did the pt have sensory impairments that interfered with care provision or learning?				
Did the pt have functional limitations that interfered with self-care?				
Was the pt a newly diagnosed diabetic?				
Was the pt compliant with treatment?				

What was the patient's normal blood sugar?				
<i>IE = Insufficient evidence documented to make decision/not documented</i>				

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QUESTION	YES	NO	IE	COMMENTS
Prior to hospitalization, did the patient's blood sugar fluctuate?				
Were there co-existing factors that contributed to BS fluctuation (e.g. infection, steroid use)?				
If so, was the physician notified appropriately?				
Where there BS parameters per physician?				
If so, was the physician notified appropriately?				
Did the patient have financial problems which interfered with their ability to obtain diabetic supplies?				
If so, was there a referral to MSW?				
Did the patient require the assistance of a caregiver?				
If so, were they able to provide the care needed appropriately?				
Were they limited in any way?				
If so, what modifications to the plan of care were made to overcome the caregiver's limitations?				
Conclusions				
Based on the documentation, could this adverse outcome have been prevented?			YES	NO
UNSURE				
If yes, what may have been done to prevent the adverse outcome:				
If no, explain:				

If uncertain, explain:
