XYZ HHA

ADVERSE EVENT OUTCOME REPORT **Report Period**______________________

Emergent Care for Injury Caused by Fall or Accident in Home

Definition: The patient received emergent care after SOC/ROC, and the emergent care reason was "injury caused by fall or accident at home."
OASIS M0 triggers: M0830, M0840 (Transfer/Discharge

Pt. Name ________________________________ SOC date ________DC date__________ MR#_____________________

Age ___________ Sex _________ Case Manager ____

Review Date ___________________ Reviewer____

QUESTIONS	YES	NO	IE	COMMENTS
Was the patient treated emergently after a fall or accident?				
If no, was there an error in the OASIS documentation?				
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.				
Was the patient having pain?				
Was the patient using pain medication that could effect balance?				
Was the patient taking medications as prescribed?				
Did the patient have decreased vision or hearing?				
Had the patient's condition degraded, effecting their strength and function?				
Did the patient have impaired balance or gait?				
Did the patient have a history of falls and injuries?				
If yes, how many previous falls and injuries?				
Did the patient have any conditions that could lead to falls or accidents? (e.g. hyper/hypoglycemia, vertigo, neuro disorders)				

Did the patient use an assistive device (List types)				
IE = Insufficient evidence documented to make decision/not documented				

ADVERSE EVENT OUTCOME REPORT-Emergent Care for Injuries Caused by Falls or Accident at Home

QUESTION	YES	NO	IE	COMMENTS
Patient Status - Mental				
Was the patient cognitively impaired or having periods of confusion?				
Did the patient have a history of unsafe behavior?				
Caregiver - Support Systems				
Was a caregiver present?				
If present, who was it? (e.g. family, friend, aide, etc.)				
Was the caregiver mentally/physically able to help with ambulation and transfers?				
Environment				
Were there any barriers to ambulation? (e.g. crowded living area, cluttered floor)				
Were there any unsafe floor coverings?				
Was their proper lighting?				
Did the client wear proper footwear?				
Did the floor get wet? (e.g. water or urine)				
Were assistive devices for ambulation and transfer convenient to the patient or caregiver?				
Was therapy involved in the case?				
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:				