OASIS ITEM

(M2301)	**Emergent Care:** At the time of or at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency department (includes holding/observation status)?
Enter Code ☐	0 No **[*Go to M2401*]** 1 Yes, used hospital emergency department WITHOUT hospital admission 2 Yes, used hospital emergency department WITH hospital admission UK Unknown **[*Go to M2401*]**

ITEM INTENT

- Identifies whether the patient was seen in a hospital emergency department. Responses to this item include the entire period at or since the most recent SOC/ROC assessment, including use of hospital emergency department that results in a qualifying hospital admission, necessitating Transfer OASIS data collection. This item includes current events.

TIME POINTS ITEM(S) COMPLETED

- Transfer to an inpatient facility
- Discharge from agency – not to an inpatient facility

RESPONSE-SPECIFIC INSTRUCTIONS

- This item excludes urgent care services not provided in a hospital emergency department, including care provided at doctor's office, care provided by an ambulance crew, or care received in urgent care facilities. This item includes holding and observation only in the hospital 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 entered 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, enter Response 2. An OASIS transfer assessment is required (assuming the inpatient stay was for 24 hours or longer, and for reasons other than diagnostic testing).

RESPONSE-SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M2301)

- If a patient is admitted to the hospital for a stay requiring an OASIS Transfer, **Response 0 – No**, should only be entered 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 at or since the most recent SOC/ROC assessment.
- Enter **Response 1- Yes, used hospital emergency department WITHOUT hospital admission** for a patient who, at the time of or at any time since the most recent SOC/ROC, accessed a hospital emergency department that did not result in an admission to the hospital.
- If a patient utilized a hospital emergency department more than once at the time of or at any time since the most recent SOC/ROC, enter **Response 2 - Yes, used hospital emergency with hospital admission** if any emergency department visit at or since the most recent SOC/ROC resulted in hospital admission. If no admission, enter Response 1.
- In Responses 1 and 2, "hospital admission" is defined as admission to a hospital where the inpatient stay is for 24 hours or longer, and 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 M2301, enter **Response 1 – Yes, used hospital emergency department WITHOUT hospital admission.**

DATA SOURCES/RESOURCES

- Patient/caregiver interview
- Clinical record
- Hospital emergency department discharge information
- Physician
- Hospital emergency department staff

OASIS ITEM

(M2310) **Reason for Emergent Care:** For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)? **(Mark all that apply.)**

- ☐ 1 Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis
- ☐ 10 Hypo/Hyperglycemia, diabetes out of control
- ☐ 19 Other than above reasons
- ☐ UK Reason unknown

ITEM INTENT

- Identifies the reasons for which the patient sought and/or received care in a hospital emergency department.

TIME POINTS ITEM(S) COMPLETED

- Transfer to an inpatient facility
- Discharge from agency – not to an inpatient facility

RESPONSE-SPECIFIC INSTRUCTIONS

- This item **excludes** urgent care services not provided in a hospital emergency department, including care provided in a doctor's office, care provided by an ambulance crew, 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 Response 19, Other than above reasons (for the fall), and Response 1 (for the medication side effects).
- If a patient seeks care in a hospital emergency department for a specific suspected condition, report that condition, even if the suspected condition was ruled out (for example, patient was sent to ED for suspected DVT but diagnostic testing and evaluation were negative for DVT – select Response 19 – Other than above reasons).
- If the reason is not included in the choices, select Response 19 - Other than above reasons.
- If the patient has received emergent care in a hospital emergency department multiple times since the most recent SOC/ROC, include the reasons for all visits.

DATA SOURCES/RESOURCES

- Patient/caregiver interview
- Clinical record
- Hospital emergency department discharge information
- Physician
- Hospital emergency department