

## Outcome and Assessment Information Set (OASIS-B1)

### TRANSFER VERSION (used for Transfer to an Inpatient Facility)

**Items to be Used at this Time Point**----- M0080-M0100, M0830-M0855, M0890-M0906

#### **CLINICAL RECORD ITEMS**

**(M0080) Discipline of Person Completing Assessment:**

☐ 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:**

#### **Transfer to an Inpatient Facility**

- ☐ 6 - Transferred to an inpatient facility—patient not discharged from agency  
☐ 7 - Transferred to an inpatient facility—patient discharged from agency

#### **EMERGENT CARE**

**(M0830) Emergent Care:** Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? **(Mark all that apply.)**

- ☐ 0 - No emergent care services [ If no emergent care, go to M0855 ]  
☐ 1 - Hospital emergency room (includes 23-hour holding)  
☐ 2 - Doctor's office emergency visit/house call  
☐ 3 - Outpatient department/clinic emergency (includes urgicenter sites)  
☐ UK - Unknown [ If UK, go to M0855 ]

**(M0840) Emergent Care Reason:** For what reason(s) did the patient/family seek emergent care? **(Mark all that apply.)**

- ☐ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis  
☐ 2 - Nausea, dehydration, malnutrition, constipation, impaction  
☐ 3 - Injury caused by fall or accident at home  
☐ 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction)  
☐ 5 - Wound infection, deteriorating wound status, new lesion/ulcer  
☐ 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain)  
☐ 7 - Hypo/Hyperglycemia, diabetes out of control  
☐ 8 - GI bleeding, obstruction  
☐ 9 - Other than above reasons  
☐ UK - Reason unknown

#### **DATA ITEMS COLLECTED AT INPATIENT FACILITY ADMISSION ONLY**

**(M0855) To which Inpatient Facility has the patient been admitted?**

- ☐ 1 - Hospital [ Go to M0890 ]  
☐ 2 - Rehabilitation facility [ Go to M0903 ]  
☐ 3 - Nursing home [ Go to M0900 ]  
☐ 4 - Hospice [ Go to M0903 ]  
☐ NA - No inpatient facility admission

**(M0890)** If the patient was admitted to an acute care **Hospital**, for what **Reason** was he/she admitted?

- ☐ 1 - Hospitalization for emergent (unscheduled) care
- ☐ 2 - Hospitalization for urgent (scheduled within 24 hours of admission) care
- ☐ 3 - Hospitalization for elective (scheduled more than 24 hours before admission) care
- ☐ UK - Unknown

**(M0895) Reason for Hospitalization: (Mark all that apply.)**

- ☐ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- ☐ 2 - Injury caused by fall or accident at home
- ☐ 3 - Respiratory problems (SOB, infection, obstruction)
- ☐ 4 - Wound or tube site infection, deteriorating wound status, new lesion/ulcer
- ☐ 5 - Hypo/Hyperglycemia, diabetes out of control
- ☐ 6 - GI bleeding, obstruction
- ☐ 7 - Exacerbation of CHF, fluid overload, heart failure
- ☐ 8 - Myocardial infarction, stroke
- ☐ 9 - Chemotherapy
- ☐ 10 - Scheduled surgical procedure
- ☐ 11 - Urinary tract infection
- ☐ 12 - IV catheter-related infection
- ☐ 13 - Deep vein thrombosis, pulmonary embolus
- ☐ 14 - Uncontrolled pain
- ☐ 15 - Psychotic episode
- ☐ 16 - Other than above reasons

**Go to M0903**

**(M0900)** For what **Reason(s)** was the patient **Admitted** to a **Nursing Home**? **(Mark all that apply.)**

- ☐ 1 - Therapy services
- ☐ 2 - Respite care
- ☐ 3 - Hospice care
- ☐ 4 - Permanent placement
- ☐ 5 - Unsafe for care at home
- ☐ 6 - Other
- ☐ UK - Unknown

**(M0903) Date of Last (Most Recent) Home Visit:**

\_\_\_/\_\_\_/\_\_\_  
month day year

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

\_\_\_/\_\_\_/\_\_\_  
month day year