POTENTIALLY AVOIDABLE EVENT AUDIT

Reporting Period _____

Outcome: Discharged to community with an Unhealed Stage 2 Pressure Ulcer
Percentage of home health episodes of care at the end of which the patient was discharged with a stage 2 pressure ulcer that has remained unhealed for 30 days or more while a home health patient.
Triggering OASIS Items: (M2420) Discharge Disposition; (M1307) The Oldest Stage 2 Pressure Ulcer that is present at discharge; (M0030) Start of Care Date; (M0032) Resumption of Care Date; (M0906) Discharge/Transfer/Death Date

Patient _____ SOC date _____ D/C, Transfer date _____ Pt ID# _____

Assessment	Yes	No	Incomplete Data	Comments
Was there a Stage 2 pressure ulcer present at Discharge that was also present at SOC/ROC?				
If yes, has the ulcer remained unhealed for greater than 30 days?				
If the Stage 2 pressure ulcer present at Discharge was not present at SOC/ROC, what date was it identified?				
Is this date greater than 30 days prior to discharge?				
If no, was there an error in OASIS documentation? Explain.				
If the patient did not experience a potentially avoidable event, stop auditing at this point and complete conclusion.				
Did the patient have a Stage 2 pressure ulcer at SOC/ROC?				
Did the Stage 2 pressure ulcer develop at home?				
Was the patient screened for Pressure Ulcer risk?				
If so, was patient identified at risk at SOC/ROC?				
If identified at risk, was pt/cg educated based on level of risk and methods to mitigate or reduce risk?				
Was pressure ulcer risk assessed at each visit?				
Was education changed based on any change in risk status?				
Was the pressure ulcer assessed at each visit?				

Was wound care performed as ordered?				
Was the wound measured weekly (or per agency policy)?				
Was the wound specialist involved in the case?				
Was the patient's nutrition assessed at each visit?				
If nutritional status was poor, what interventions were implemented?				
Assessment	**Yes**	**No**	**Incomplete Data**	**Comments**
Was there contact with the physician regarding the progress or lack of healing?				
How many different clinicians were involved in the wound care?				
How frequently was the nurse assessing the wound?				
Was the pt/cg compliant with the care and instructions?				
Was the home environment conducive to home wound care?				
Were off-loading and/or support surface(s) indicated?				
If yes, were these ordered and implemented?				
Was there a financial hardship that prevented compliance with wound care?				
If so, was a MSW referral obtained?				

Conclusion
Based on the documentation, this adverse event would be classified as: ____ OASIS error ____ No potentially avoidable event found ____ Quality concern
If "Quality concern", what may have been done to prevent this potentially avoidable event outcome?
If "no potentially avoidable event found", explain:

Reviewer _____ Date _____