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OUTCOME AND ASSESSMENT INFORMATION SET VERSION E1
Death at Home (DAH)

Section A | Administrative Information

M0080. Discipline of Person Completing Assessment

Enter Code	<ol style="list-style-type: none"> 1. RN 2. PT 3. SLP/ST 4. OT
<input style="width: 30px; height: 20px;" type="text"/>	

M0090. Date Assessment Completed

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M0100. This Assessment is Currently Being Completed for the Following Reason

Enter Code	<p>Start/Resumption of Care</p> <ol style="list-style-type: none"> 1. Start of care — further visits planned 3. Resumption of Care (after inpatient stay) <p>Follow-up</p> <ol style="list-style-type: none"> 4. Recertification (follow-up) reassessment 5. Other follow-up <p>Transfer to an Inpatient Facility</p> <ol style="list-style-type: none"> 6. Transferred to an inpatient facility — patient not discharged from agency 7. Transferred to an inpatient facility — patient discharged from agency <p>Discharge from Agency — Not to an Inpatient Facility</p> <ol style="list-style-type: none"> 8. Death at home 9. Discharge from agency
<input style="width: 30px; height: 20px;" type="text"/>	

M0906. Discharge/Transfer/Death Date

Enter the date of the discharge, transfer, or death (at home) of the patient.

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Section J | Health Conditions

J1800. Any Falls Since SOC/ROC, whichever is more recent

Enter Code	<p>Has the patient had any falls since SOC/ROC, whichever is more recent?</p> <ol style="list-style-type: none"> 0. No → <i>Skip to M2005. Medication Intervention</i> 1. Yes → Continue to J1900, Number of Falls Since SOC/ROC
<input style="width: 30px; height: 20px;" type="text"/>	

J1900. Number of Falls Since SOC/ROC, whichever is more recent	
Coding: 0. None 1. One 2. Two or more	↓ Enter code in boxes
	<input type="checkbox"/> A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	<input type="checkbox"/> B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain
	<input type="checkbox"/> C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Section N	Medications
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M2005. Medication Intervention	
Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0. No 1. Yes 9. NA — There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

Section O	Special Treatment, Procedures, and Programs
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O0350. Patient's COVID-19 vaccination is up to date.	
Enter Code <input type="checkbox"/>	0. No, patient is not up to date 1. Yes, patient is up to date