

# Hospice Quality Reporting Program HIS-Discharge

## SECTION O



January 18, 2017  
Hilton Baltimore  
Baltimore, MD

### Section O

#### Section O Service Utilization

##### O5000. Level of care in final 3 days

Complete only if A2115, Reason for Discharge = 01 Expired

Enter Code	Did the patient receive Continuous Home Care, General Inpatient Care, or Respite Care during any of the final 3 days of life?
<input type="checkbox"/>	0. No
	1. Yes → Skip to Z0400, Signature(s) of Person(s) Completing the Record

##### O5010. Number of hospice visits in final 3 days

Enter the number of visits provided by hospice staff from the indicated discipline, on each of the dates indicated.

	Visits on day of death (A0270)	Visits one day prior to death (A0270 minus 1)	Visits two days prior to death (A0270 minus 2)
A. Registered Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Physician (or Nurse Practitioner or Physician Assistant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Medical Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Chaplain or Spiritual Counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Licensed Practical Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Page 139 of the HIS Manual V2.00 is incorrect. The labeling in Section O5010 (Number of hospice visits in the final 3 days) and Section O5030 (Number of hospice visits in 3 to 6 days prior to death) are incorrect and will be corrected shortly. The labeling reflected on this worksheet is correct.



## Section O (continued)

### O5020. Level of care in final 7 days

Complete only if A2115, Reason for Discharge = 01 Expired

Enter Code <input type="checkbox"/>	Did the patient receive Continuous Home Care, General Inpatient Care, or Respite Care during any of the final 7 days of life? 0. <b>No</b> 1. <b>Yes</b> → Skip to Z0400, Signature(s) of Person(s) Completing the Record
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### O5030. Number of hospice visits in 3 to 6 days prior to death

Enter the number of visits provided by hospice staff from the indicated discipline, on each of the dates indicated.

	Visits three days prior to death (A0270 minus 3)	Visits four days prior to death (A0270 minus 4)	Visits five days prior to death (A0270 minus 5)	Visits six days prior to death (A0270 minus 6)
<b>A. Registered Nurse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Physician (or Nurse Practitioner or Physician Assistant)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Medical Social Worker</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Chaplain or Spiritual Counselor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Licensed Practical Nurse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. Aide</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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