

**Appendix: Readmission Review Form**

**Patient Interview/Readmission Chart Review**

Patient Name: _____							
Previous Hospital Admission Date _____			Account Number _____				
Previous Hospital D/C Date: _____			D/C MD: _____				
Previous Hospital Discharge Diagnosis:							
CHF	DM	MI	PNA	COPD	Stroke	Other: _____	
Previous LACE Score: _____			Current LACE Score: _____				
Current Hospital Readmission Date: _____			Time: _____				
Number of days between the previous discharge and readmission date:					1-7	8-14	15-30
Current Hospital Readmission Diagnosis							
Fall			Renal Disease		PNA		
Medication Side Effect			Fluid overload		Stroke		
CHF			COPD		Scheduled procedure		
SOB			DM		Other:		

**Hospital Review:**

**Patient Chart Review Form:**

Did the patient have a scheduled physician follow-up visit after **initial** admission? Yes  
 No

Was the physician follow up visit **kept** after initial admission? Yes  
 No

Number of days between initial hospitalization and follow-up physician visit  
 \_\_\_\_\_

Did patient have Outpatient Community services post discharge? Yes    No

Community Services: Home Health/Hospice, Outpatient Clinics, Dialysis Center

Case manager do 7-day follow-up phone call after initial hospitalization? Yes    No

# of days between initial discharge and follow-up phone call  
 \_\_\_\_\_

**Provider Interview:** (Call MD office and speak to Nurse Navigator if applicable)

What do you think led to patient's readmission?

Any issues that need follow up from hospital side?

### **Patient/Caregiver Interview**

Interview is with patient or caregiver:  
Caregiver

Patient

What do you think caused you (or your family member) to be readmitted into the hospital?

When you (or your family member) encountered problems/concerns after you left the hospital, did you know who to call?

Yes

No

When you (or your family member) left the hospital the first time, who did you call for assistance?

### **When you left the hospital the last time:**

1. Did you have a good understanding of the things you were responsible for in managing your health?

Yes

No



Who to contact (and how) if you were experiencing worsening of your disease Not sure	Yes	No
Were you asked about your understanding of the d/c instructions Not sure	Yes	No
Were the discharge instructions easy for you to understand Not sure	Yes	No
Do you still have a copy of your discharge instructions Not sure	Yes	No
At the time of d/c, did someone talk with you about which medication to take when you left, and which ones to discontinue? Not sure	Yes	No
Did you take your medications as they were prescribed ? Not sure	Yes	No
What difficulties did you experience with taking your medications?		
Did you have a follow up appointment with your doctor? Not sure	Yes	No
Were you able to get to your follow up appointment?	Yes	No

Review sent to Outpatient Facility	Yes	No
Name and number:		

**Home Health Chart Review Form**

Date                      Reviewer initials: \_\_\_\_\_ Case mgr initials:

Patient name \_\_\_\_\_

Transfer date and reason \_\_\_\_\_

HH SOC date and reason \_\_\_\_\_

Education focus: \_\_\_\_\_

Was admission visit completed within 1 day of discharge from hospital	yes no
<b>If no , how many days from dc and why</b>	
SN visits – were visits front loaded if high risk for readmit	yes no
<b>If no why</b>	
Was Telehealth set up on day 2 post hospital , (if applicable)	yes no
<b>If no why</b>	
Phone calls between visits for first two weeks if no telehealth , (if applicable)	yes no
<b>If no why</b>	
Did patient upon discharge from hospital have an appointment with MD <b>within 7 days of discharge</b>	yes no
<b>what date</b>	
Did patient keep appointment with MD	yes no
<b>if no why</b>	
Did the patient have all meds on admit to HH	yes no
<b>If not why</b>	
Was the patient compliant with meds	yes no
<b>If not, explain</b>	
Any physician Order discrepancies found?	Yes no
<b>If yes, explain</b>	
<b>Total number of visits:</b> _____	<b>Number of visits by Case Manager: SN _____ PT _____ OT _____</b>
<b>Number of different clinicians:</b> SN LPN OT PT LPTA	
<b># of Weekend visits completed by clinician other than Case Mgr _____</b>	
<b># of Phone visits completed by clinician other than Case Mgr _____</b>	
During the time between admission to home health and readmission to hospital were there any issues and any issues and how were the issues addressed? Explain:  _____  _____	

## Home Health Chart Review Form

Date

Reviewer

Name\_\_\_\_\_

Patient name\_\_\_\_\_

First hospital DX\_\_\_\_\_

Readmission DX\_\_\_\_\_

Discharge Date from first admission\_\_\_\_\_

Referral date to HH\_\_\_\_\_

Admission date to HH\_\_\_\_\_

Was admission visit completed within 1 day of discharge form hospital

Yes No

If no, why not

Was second nursing visit completed on day 3 post hospital

yes No

If no, why not

SN visits performed 3 times a week for first two weeks then 2 times per week

Yes No

If no, why not

Was Telehealth set up on day 2 post hospital

Yes No

If no, why not

Phone calls between visits for first two weeks if no telehealth

Yes No

If no, why not

Was Chronic Disease Mgmt implemented

Yes No

Did patient upon discharge from hospital have an appointment with MD within 7 days of discharge yes  
no

What date\_\_\_\_\_

Did patient keep appointment with MD **yes no** if no, why \_\_\_\_\_

Issues identified upon admission to home health

Patient had all meds on admit to home health **YES NO (elaborate)**

If no did not have RX **yes no** could not afford  
**Yes No**

Patient compliant with meds **Yes No (elaborate)**

Physician Order discrepancies **YES (elaborate) NO**

Lack of understanding of discharge instructions **YES (elaborate) NO**

If discharged from hospitalists, was there a handoff with PCP and did PCP respond to questions or patient issues

During the time between admission to home health and readmission to hospital were there any issues and how were they addressed?

In your opinion what were the top home health reasons why patient was readmitted

- 1.
- 2.
- 3.

Any other comments

## **Outpatient Services Readmission Review**

1. PATIENT IDENTIFIER

2. NAME OF PROVIDER THAT REFERRED
3. OUT-PATIENT SERVICE
4. DATE OF REFERRAL
5. DATE OF APPOINTMENT
6. DIFFERENCE BETWEEN REFERRAL AND APPOINTMENT DATE
7. APPOINTMENT KEPT Yes    No
  - a. NO
    - i. NO SHOW
      1. FOLLOW UP PHONE CALL
      2. INFO SENT TO REFERRAL SOURCE
    - ii. PATIENT/FAMILY CANCELLED
    - iii. MD/HOSPITAL CANCELLED
    - iv. RESCHEDULED
    - v. NO SHOW STATUS SENT TO REFERRING SOURCE
  - b. YES
    - i. STATUS (STABLE OR UNSTABLE )
    - ii. REFERRAL (APPROPRIATE OR INAPPROPRIATE )
    - iii. PLAN OF CARE ESTABLISHED (YES OR NO)
    - iv. RETURN APPOINTMENT MADE (YES OR NO)
8. APPT REMINDER CALL MADE TO PATIENT (YES OR NO, IF NO WHY)
9. PRE-APPOINTMENT INFORMATION SENT TO PATIENT (YES OR NO, IF NO WHY)
10. IN YOUR OPINION THAT ARE THE TOP REASONS PATIENT WAS READMITTED TO THE HOSPITAL
  - a.
  - b.
  - c.
11. ADDITIONAL COMMENTS

### **Summary/Assessment of Readmission Review**

Name of CM doing this assessment: \_\_\_\_\_

Date assessment completed: \_\_\_\_\_



Was this admission related to previous admission? Yes No

Category of readmission unforeseen\* related to problems in the previous admission:

Unforeseen and caused by new problem	Yes
Unforeseen related to problems in the previous admission	Yes
Foreseen (planned)	Yes

\*Unforeseen= unexpected, unanticipated, unpredicted

Potentially preventable issues-**PATIENT ISSUES:** Based on the interviews conducted and chart review; identify actions or issues that may be contributed to **this readmission** (choose all that apply)

**Lack of adherence to:**

Medications	Yes
Therapies	Yes
Daily Weights	Yes
Diet	Yes

Did not have adequate understanding of medications on medication list

Yes

Did not accept HH referral

Yes

Did not accept HH planned visit

Yes

Did not accept referral to outpatient clinics

Yes

Accepted referral to outpatient but did not go to f/u appointment

Yes

Did not go to follow-up doctor appointment

Yes

Financial issues

Yes

Did not accept referral to Palliative Medicine

Yes

Did not accept referral to Hospice

Yes

Psycho-social issues

Yes

Potentially preventable issues-**SYSTEM ISSUES**: Based on the interviews conducted and chart review, identifying systems issues or actions that may have contributed to this readmission (chose all that apply)

**Inadequate assessment by the care planning team (MD, CM/SW, RN, PT/OT) of patient or caregiver needs while in the hospital**

Not adequately assessing functional status prior to discharge

Yes

Not adequately assessing psychological or social needs prior to discharge

Yes

Not adequately assessing patient needs in the home

Yes

Not adequately assessing patient needs post discharge

Yes

Patient discharged too soon, e.g. failure to diagnose prior to discharge or not recognizing worsening of clinical status in hospital

Yes

**Inadequate care planning and education**

Not adequately assessing patient understanding of who to call or when at home

Yes

Not adequately assessing caregiver understanding of who to call or when at home

Yes

Not adequately assessing patient understanding of care plan or self-management instructions prior to

leaving the hospital

Yes

Not adequately assessing care provider of care plan instructions prior to leaving the hospital

Yes

Not adequately assessing patient understanding of warning s/s for calling provider

Yes

Not adequately assessing care provider understanding of warning s/y for calling provider

Yes

Not adequately assessing patient inclusion in discussion of d/c instructions

Yes

Not adequately assessing caregiver inclusion in discussion of d/c instructions

Yes

Not adequately planning for follow-up of care

Yes

Potentially preventable issues-**SYSTEM ISSUES:**

**Inadequate post discharge follow up**

Inadequate referral made such as palliative care, hospice, HH

Yes

Lack of timely HH visit or phone follow-up

Yes

Lack of timely follow-up appointments with MD

Yes

Lack of follow up MD appointment

Yes

Inadequate coordination and or communication across Outpatient Services (wound clinic, home health CHF etc)

Yes

**Inadequate medication management (med review and med rec)**

Wrong or contra-indicated medication prescribed at time of discharge

Yes

Medication discrepancies resulted because of lack of adequate coordination between inpatient-outpatient

Yes

Patient did not leave the hospital with accurate printed med list

Yes

Med list in discharge summary did not match what the patient takes at home

Yes

**Lack of timely or accurate exchange of health care information**

PCP, Home Health, Nurse Navigator, Outpatient clinics or other providers did not have information they needed (information was not transferred or received adequately after d/c to accountable providers) Yes

Explanation for systems issues identified in previous question and **WHY** readmission occurred:

## **Actions Taken**