

# Readmission Worksheet

## INTERVIEW THE PATIENT:

What did the patient or family think contributed to this readmission? \_\_\_\_\_

Are there any self-care instructions that may have been misunderstood? \_\_\_\_\_

Can the patient teach back 3 critical self-care instructions? \_\_\_\_\_

Did the patient have a physician visit scheduled after discharge? \_\_\_\_\_

When was the last doctor's appointment? \_\_\_\_\_

## INTERVIEW THE PHYSICIAN or NURSE (OFFICE, CLINIC, HOME CARE, NURSING HOME):

What contributing causes are known for the patient's readmission? Would you have predicted a readmission on this patient? \_\_\_\_\_

## REVIEW THE CHARTS OF THIS AND THE PREVIOUS ADMISSION (30 days or less between admissions)

Note the number of days between the previous discharge and this readmission date: \_\_\_\_\_

Did patient have a follow-up physician visit scheduled?  No  Yes Number of days after previous discharge \_\_\_\_\_

Were there any urgent clinic/Ed visits?  No  Yes Number of days after previous discharge \_\_\_\_\_

### The Previous Admission:

When discharged from previous admission, the patient went:

- Home  Home w/ Homecare  
 Nursing Home  Other: list \_\_\_\_\_

Functional status of the patient on discharge:  Fully Dependent  Somewhat Dependent  Independent

Was a clear discharge plan documented?  Yes  No

Does documentation exist for appropriate patient education?  Yes  No

Was there evidence of Teach Back (checking patient understanding or recall)?  Yes  No

### This Readmission:

Admission was related to previous admission (above)  Yes  No

Note Reason/s for readmission: \_\_\_\_\_

### Category of Readmission

- Foreseen or planned, chemo- or radiation therapy, treatment follow-up, planned surgery, etc.  
 Unforeseen caused by a new problem  
 Unforeseen related to problems in the previous admission

Potential Hospital Problems: Care given in the hospital was either directly or indirectly responsible for the readmission  Yes  No

Example: Post operative infection causing the readmission

Potential Outpatient Problems: Caused or contributed to by the environment into which the patient was discharged  Yes  No

Example: Patient went home and had much poorer social support than indicated by the patient during discharge planning

Notes on any opportunities or circumstances of the patient that may help determine reasons for this readmission: \_\_\_\_\_

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