

Readmission Work Sheet

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 appointment? _____

Was palliative, end-of-life care, hospice or advanced directives discussed with the family? _____

What numbers were you given to call? _____

What information was not given to you during your last admission that may have prevented this hospital visit? _____

What other hospitals, emergency rooms or other care facilities have you visited in the last 30 days? _____

Were you able to obtain your medicines that were prescribed for you during your last hospital visits? _____

If not, why not? _____

INTERVIEW THE CARE TRANSITION TEAM (PHYSICIAN, CLINIC, HOME CARE, NURSING HOME, HOME HEALTH):

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Abnormal lab results | <input type="checkbox"/> Discharge/Handover/Care Transition Plan | <input type="checkbox"/> Post Procedure Complications |
| <input type="checkbox"/> Vital Signs | <input type="checkbox"/> Family support | |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Medications | |
| <input type="checkbox"/> Cognition/Depression | <input type="checkbox"/> Home Health | |
| <input type="checkbox"/> Function/Mobility | | |

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/ outpatient visits? No Yes Number of days after previous discharge _____

THE PREVIOUS ADMISSION:

Discharge Date: _____ Time: _____ Day: _____

When discharged from previous admission, the patient went:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Home with Home Health Care | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Home with Home Care | <input type="checkbox"/> 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 their evidence of Teach Back (Checking patients understanding or recall)? Yes No

THIS READMISSION:

Readmission Date: _____ Time: _____ Day: _____

Admission was related to previous admission above. Yes No

Note Reason(s) for readmission _____

Category of Readmission

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

Potential Hospital Problem:

Care given in the hospital was either directly or indirectly responsible for the readmission. Yes No
(Example: Post-operative infection)

Potential Outpatient Problems:

Caused or contributed to the environment into which the patient was discharged Yes No
(Example: Patient went home and had much poorer social support than indicated by patient during discharge planning.)

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

Identified Opportunities & Area Involved	Corrective Action	Responsibility to Address	Interventions for this Patient Encounter (if currently admitted)	Responsibility to Address

IDENTIFIED CAUSES

MEDICATION MANAGEMENT

- Medication prescription not filled
- No prescription given
- Medications not listed for patient

SELF-MANAGEMENT

- ACCESS TO TRANSPORTATION
- FINANCIAL BARRIERS
- LANGUAGE BARRIERS
- UNADDRESSED CO-MORBIDITY
- MOBILITY/HOME SAFETY
- UNABLE TO PERFORM CARE
- SELF NEGLECT/ABUSE

INFECTIOUS PROCESS

- COLONIZED (REQUIRES ISOLATION)
- INFECTION (ACTIVE PROCESS)

Adapted from:

Transforming Care at the Bedside How-to Guide: Creating an Ideal Transition Home for Patients with Heart Failure - March, 2009 and the Piedmont Hospital Readmission Form. (May 2010)