

Chart Review Audit Tool - Hospital

Reviewer: _____ Date: _____

MR#: _____ Discharging Physician: _____

First Admission Date: _____ Discharge Date: _____

Discharge Disposition: _____

Readmitted in _____ days Readmission Date: _____ Planned Readmit? Yes No

1st Admission, Primary Diagnosis: _____ Secondary: _____

2nd Admission, Primary Diagnosis: _____ Secondary: _____

1. Was the patient discharged to the level of care recommended, e.g. SNF, home health care, PCH? Yes No

Comment: _____

2. Was the recommended follow-up with the physician noted on discharge? Yes No

3. Was the patient readmitted prior to the physician follow-up? Yes No

4. If the patient had home health/hospice arranged after the first admission, did the home health/hospice agency see the patient before readmission?

Yes No Unable to determine Referred, but refused once home

5. Did the patient have a community resource referral, such as Area Agency on Aging, arranged after the first admission?

Yes No Unable to determine Referred, but refused once home

6. Was the patient referred to a coach during the first admission? If yes, did the patient accept? Yes No
 Yes No

7. Were any other evidence-based care transitions interventions employed with this patient? Yes No

If yes, identify: _____

8. Was medication reconciliation done at time of discharge on the first admission? Yes No

9. What were the symptoms on readmission? _____

10. Were these symptoms related to or present during the first admission? Yes No

11. Was a clear discharge documented? Yes No

12. Does documentation exist for appropriate patient education? Yes No NA

13. Was this admission unforeseen, caused by a new problem? Yes No

Was this admission unforeseen, related to problems on the first admission? Yes No

14. Was this admission avoidable? Yes No

Comment: _____