

SNF Root Cause Analysis: Chart Review of Unplanned Transfers

Patient Information

Medical record #: _____ Unit: _____

Resident name: _____

Date of most recent admission to nursing facility: _____

Date of unplanned transfer: _____ Time of unplanned transfer: _____ (Military Time)

Reason for transfer: _____

72 Hours Prior to Transfer

The following signs, symptoms or conditions were present:

- Fever _____
- Change of mental status _____
- Decreased oral intake _____
- Change in medications _____
- Increased pain/pain medication requirement _____
- Family mention of change of condition _____
- Signs & symptoms of UTI _____
- Signs & symptoms of SOB _____
- Change in vital signs _____
- One or more falls _____

Actions Taken Prior to Transfer

Was a physician or nurse practitioner (NP) contacted prior to transfer? Yes No

Was the patient evaluated by a physician or NP within 72 hours of transfer? Yes No

Was the transfer due to a lack of diagnostic services? Yes No

Was the transfer due to a lack of therapeutic services? Yes No

Medication: specifically _____

Lab tests: specifically _____

Diagnostic tests: specifically _____

Outcome: _____

Could this transfer have been avoided? Yes No Possibly

Explain: _____

Action Plan

What actions might be taken in your facility to improve the identification and management of changes in resident health status based on this transfer?

Review completed by: _____

Position/Title: _____

Date: _____

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